## Form D - List of Subcontractors Form

Pursuant to Section 1.9.5 (List of Subcontractors Form), the Supplier shall provide each Subcontractor for the Work types listed in the table below or indicate "OWN FORCES" in the "Subcontractor Name" column if a Subcontractor will not be used for the Work type indicated. The names of all Subcontractors to be used for each Work type indicated must be provided. Suppliers shall not indicate "TBD" (To Be Determined) or similar wording. If Suppliers are provided a pre-approved list of mandatory Subcontractors for a work type; i.e. "Electrical", they must provide a subcontractor from that pre-approved list.

The list of Subcontractors is based on information available at time of Tender close. In the event Subcontractor information changes prior to notification of recommendation of award the Supplier must inform the Procurement Contact of the change in writing. Where a pre-approved list of mandatory Subcontractors was provided, the Subcontractor being replaced and the replacement Subcontractor must both be from the pre-approved list of mandatory Subcontracts included in the solicitation.

| Subcontractor<br>Name | Work Type             | Contact name | Contact<br>Phone # | Approx. % of contract value to be performed |
|-----------------------|-----------------------|--------------|--------------------|---|
|                       | Demolition            |              |                    |   |
|                       | Drywall and ceiling   |              |                    |   |
|                       | Painting and finishes |              |                    |   |
|                       | Flooring              |              |                    |   |
|                       | Electrical            |              |                    |   |
|                       | Mechanical            |              |                    |   |
|                       | Security              |              |                    |   |
|                       |                       |              |                    |   |
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|                       |                       |              |                    |   |
|                       |                       |              |                    |   |