Department of
MANAGEMENT
SERVICES

4050 Esplanade Way
Tallahassee, FL 32399-0950
850-488-2786

**Ron DeSantis, Governor**
Tom Berger, Secretary

# FORM 03 - SUBCONTRACTING

# FOR

# MyFloridaNetwork-3

# ITN NO: 26/27-025

# THE STATE OF FLORIDA

# DEPARTMENT OF MANAGEMENT SERVICES

## FORM 03 - SUBCONTRACTING

Complete the information below on all subcontractors that will provide services to the Respondent to meet the requirements of the resultant contract, should the Respondent be awarded. Submission of this form does not indicate the Department's approval but provides the Department with information on proposed subcontractors for review.

*Please complete a separate sheet for each subcontractor.*

There will be subcontractors for this solicitation: **YES** ☐ or **NO** ☐ (place a checkbox where applicable). Respondents are not required to complete the remainder of this form when checking "NO".

| | | |
|---|---|---|
| **Service:** | _____ | |
| **Company Name:** | _____ | |
| **Contact:** | _____ | |
| **Address:** | _____ | |
| **Telephone:** | _____ | |
| **Fax:** | _____ | |
| **Current Office of Supplier Diversity certification of woman-, veteran, or minority-owned small business enterprise:** | Yes ☐ | No ☐ |
| **W-9 verification:** | Yes ☐ | No ☐ |

In a job description format, describe below the responsibilities and duties of the subcontractor based on the technical specifications or Scope of Work outlined in this solicitation.

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