COF GOV RICE				d of Gove eral Rese	rnors rve System			
ERAL REST		Subcontracting Report						FR 14-700-02
Submit the completed form via email (preferred submission method) to Procurement. Click the "Submit" button once all required fields are complete.						FRB Contract Specialist: Contract Specialist Email:		
If you are unable to the FRB Contract S	completed form for email to			Date sent to Prime Contractor:				
Prime Contractor Information	Contract Number:		Contract Amount:			Reporting Year Period From:	To:	
	Vendor Name:							
	Contact Name:		Phone Number:		Number:	Email Address:		
Duns Number:	Street Address:							
	City:					State:	Zip:	
Basic Subcontracto	or Information							
Subcontractor Nam	ie		Owner Class	ification (s	elect all that apply)		
(Address and Description of Services REQUIRED on page 2.)		Business Size	Woman	Veteran	Service Disable Veteran	d Business Classification	Dollar Amount per year	Award %
							<u> </u>	

CLASSIFICATION SUMMARY	Total Percentage	By typing my name in the indicated fields, I am signing this document and affirming the truth of the i submitted. I understand that signing the document in this manner is the legal equivalent of having places and the submitted of the submitted				
Woman Owned						
Veteran-Owned		handwritten signature on the document				
Service Disabled Veteran-Owned						
American Indian or Alaska Native						
Asian						
Black or African-American		Vendor Contact's Printed Name	Date			
Hispanic or Latino			Dute			
Native Hawaiian						
Pacific Islander						
Non-Minority						



Prime Contractor

Detailed Subcontractor Information							
Subcontractor Name	Street Address City, State, Zip	Description of Services					