



**REQUEST FOR PROPOSALS
2024-038**

**APPENDIX D
IDENTIFICATION OF
SUBCONTRACTORS FORM**

**KITSAP COUNTY
PURCHASING OFFICE**

614 Division St., MS-7
Port Orchard, WA 98366

Phone: (360) 337-4789
Email: purchasing@kitsap.gov

PROPOSED SUBCONTRACTORS

OFFEROR'S NAME: _____

Each offeror is required to submit all proposed subcontractors that may provide goods and/or services on behalf of the offeror under this solicitation. Attach additional pages if necessary.

Legal Name of Subcontractor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone No.: _____ Alternative No.: _____

Email Address: _____

Goods/Services Provided: _____

Legal Name of Subcontractor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone No.: _____ Alternative No.: _____

Email Address: _____

Goods/Services Provided: _____

Legal Name of Subcontractor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone No.: _____ Alternative No.: _____

Email Address: _____

Goods/Services Provided: _____

END OF IDENTIFICATION OF SUBCONTRACTORS FORM