Utilization Plan Updates/Changes

Construction Cost Only
EXHIBIT K

Date:

Project Name:

General Contractor:

GC's EIN#:

(*Please provide subcontractor information for GPTS*)

SUBCONTRACTOR'S NAME	SUBCONTRACTOR TO WHOM	CONTRACT AMOUNT	EMAIL ADDRESS	CLASS	EIN# *	SCOPE OF WORK
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		
				N/A		

*EIN should be for the column (1) company.

Please submit this completed form to Marla Roach at roachm@stlouis-mo.gov or submit it at a scheduled training session.

African American - AA Asian - AS-A Hispanic – HISP Native American - NAT-A Not Applicable – N/A

Rev. 2/21/23