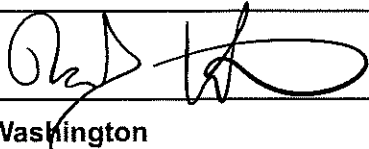


WARNING

I Information in this section refers to the sub-contractors to be used throughout the entire performance of this contract (use Section II of this form multiple times for additional sub-contractors). Include copies of all applicable certification(s).

Company Name:	LSN Contractors & Construction Managers			Federal Tax ID:	
Address:	400 Stenton Ave, Ste 110			Phone Number:	610-994-2145
City:	Plymouth Meeting	State:	PA	Zip Code:	19462
DBA (if applicable):		Fax Number:	610-441-7525		
Primary Contact Person:	Randy Washington	Primary Contact Email:	Randy@lsn.construction		
Compliance Contact:	Janell Washington	Compliance Contact Email:	Janell@lsn.construction		
Description of Services Provided:	GC, carpentry, masonry				
Approximate \$ amount of Subcontract:	\$442,650.00	Subcontract % of Total Contract Amount:	15%		
Diversity Business Certification(s): <i>Check all that apply.</i> <input checked="" type="checkbox"/> Minority-Owned Business Enterprise (MBE) <input type="checkbox"/> Woman-Owned Business Enterprise (WBE) <input checked="" type="checkbox"/> Federally Certified Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> Small Business Enterprise (SBE) <input type="checkbox"/> Disabled Owned Business Enterprise (DSBE) <input type="checkbox"/> Veteran's Business Enterprise (VBE) / Certified Service-Disabled Veteran's Business Enterprise (SDVBE) <input type="checkbox"/> LGBT Business Enterprise (LGBTBE) <input type="checkbox"/> None - not applicable					
Diversity Business Certification to be used on this contract (select one): <input checked="" type="checkbox"/> Minority-Owned Business Enterprise (MBE) <input type="checkbox"/> Woman-Owned Business Enterprise (WBE) <input type="checkbox"/> Federally Certified Disadvantaged Business Enterprise (DBE)					
Diversity Business Certifying Agency: _____					
Authorized Representative Signature:					
Print Name:	Randy Washington				
Title:	President	Date:	4/6/23		

WARNING

I
Information in this section refers to the sub-contractors to be used throughout the entire performance of this contract (use Section II of this form multiple times for additional sub-contractors). Include copies of all applicable certification(s).

Company Name:		TRI-COUNTY ELECTRICAL		Federal Tax ID:		23-2315180	
Address:		175 JACKSONVILLE RD		Phone Number:		215 443 8300	
City:		Warminster		State:		PA	
				Zip Code:		18974	
DBA (if applicable):				Fax Number: 215-672-7559			
Primary Contact Person:		Rick Gershman		Primary Contact Email:		r.gershman@tcesi.com	
Compliance Contact:		Joanna Bisler		Compliance Contact Email:		JBisler@Tcesi.com	
Description of Services Provided:		ELECTRICAL Supply					
Approximate \$ amount of Subcontract:		\$295,100.00		Subcontract % of Total Contract Amount:		10%	
Diversity Business Certification(s): Check all that apply. <input type="checkbox"/> Minority-Owned Business Enterprise (MBE) <input checked="" type="checkbox"/> Woman-Owned Business Enterprise (WBE) <input checked="" type="checkbox"/> Federally Certified Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> Small Business Enterprise (SBE) <input type="checkbox"/> Disabled Owned Business Enterprise (DSBE) <input type="checkbox"/> Veteran's Business Enterprise (VBE) / Certified Service-Disabled Veteran's Business Enterprise (SDVBE) <input type="checkbox"/> LGBT Business Enterprise (LGBTBE) <input type="checkbox"/> None - not applicable							
Diversity Business Certification to be used on this contract (select one): <input type="checkbox"/> Minority-Owned Business Enterprise (MBE) <input type="checkbox"/> Woman-Owned Business Enterprise (WBE) <input type="checkbox"/> Federally Certified Disadvantaged Business Enterprise (DBE)							
Diversity Business Certifying Agency: _____							
Authorized Representative Signature:		Richard Gershman					
Print Name:		Richard Gershman					
Title:		SALES EXEC.		Date:		4/5/23	

WARNING

I
Information in this section refers to the sub-contractors to be used throughout the entire performance of this contract (use Section II of this form multiple times for additional sub-contractors). Include copies of all applicable certification(s).

Company Name:		Tel-Dat Communications		Federal Tax ID:		232680420	
Address:		2812 Cowpath Rd		Phone Number:		215 855 6364	
City:		Hatfield		State:		PA	
				Zip Code:		19440	
DBA (if applicable):				Fax Number:		215-855-0527	
Primary Contact Person:		Lac Hess		Primary Contact Email:		LHess@tel-datcommunications.com	
Compliance Contact:				Compliance Contact Email:			
Description of Services Provided:		Telcommunications & Fiber.					
Approximate \$ amount of Subcontract:		\$295,100.00		Subcontract % of Total Contract Amount:		10%	
Diversity Business Certification(s): Check all that apply. <input type="checkbox"/> Minority-Owned Business Enterprise (MBE) <input checked="" type="checkbox"/> Woman-Owned Business Enterprise (WBE) <input type="checkbox"/> Federally Certified Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> Small Business Enterprise (SBE) <input type="checkbox"/> Disabled Owned Business Enterprise (DSBE) <input type="checkbox"/> Veteran's Business Enterprise (VBE) / Certified Service-Disabled Veteran's Business Enterprise (SDVBE) <input type="checkbox"/> LGBT Business Enterprise (LGBTBE) <input type="checkbox"/> None - not applicable							
Diversity Business Certification to be used on this contract (select one): <input type="checkbox"/> Minority-Owned Business Enterprise (MBE) <input checked="" type="checkbox"/> Woman-Owned Business Enterprise (WBE) <input type="checkbox"/> Federally Certified Disadvantaged Business Enterprise (DBE)							
Diversity Business Certifying Agency: _____							
Authorized Representative Signature:		Lynn Hess					
Print Name:		Lynn Hess					
Title:		President		Date:		4/5/2023	