



Little Calumet River Basin
DEVELOPMENT COMMISSION

SUBCONTRACTOR AND SUPPLIER INTEREST FORM

Email completed forms and attachments to drepay@littlecolumetriverbasin.org

William Baker
CHAIRMAN
*Governor's Appointment
State of Indiana*

Name of Business: _____

Tom Wichlinski
VICE CHAIRMAN
*Governor's Appointment
State of Indiana*

Street Address: _____

City: _____ State: _____ Zip: _____

Thomas Gozdecki
TREASURER
*Governor's Appointment
State of Indiana*

Contact Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Website: _____

Levon Whittaker
SECRETARY
*Governor's Appointment
City of Gary*

Number of Employees: _____ Full Time: _____ Part Time: _____

Number of Years in Business: _____ Annual Volume: _____

Area(s) of Specialty: _____

Anthony Broadnax
*Governor's Appointment
State of Indiana*

Minority Certification (e.g., MBE, WBE, DBE, VOSB): _____
(attach current Certification Letter)

David Castellanos
*Governor's Appointment
Board of Lake County
Commissioners*

Has your firm ever been denied certification, decertified, or graduated from any certification program? If yes, please explain:

Derek Nimetz
*Governor's Appointment
State of Indiana, IDNR*

Signatory to Union: _____ Local #: _____

Ronald Ware, Jr.
*Governor's Appointment
Board of Lake County
Commissioners*

Licenses:
License No./State/County/Municipality _____ Type: _____

Robert Ochi
*Governor's Appointment
City of Hammond*

License No./State/County/Municipality _____ Type: _____

License No./State/County/Municipality _____ Type: _____

License No./State/County/Municipality _____ Type: _____

Daniel C. Repay
EXECUTIVE DIRECTOR

David E. Wickland
ATTORNEY AT LAW

Insurance:

(attach current liability insurance declarations page)

Contractors are required to carry General Public Liability Insurance against claims for personal injury, death or property damage occurring in, upon or about COMMISSION's premises. The limitation of liability for such insurance shall be not less than \$1,000,000.00 in respect to injury or death of one (1) person; a limitation of \$2,000,000.00 in respect to any one (1) accident; and a limitation of \$1,000,000.00 in respect to property damage.

Insurance Agent: _____ Phone: _____

Please list 3 projects your firm has completed within the last 24 months – include project name, general contractor, contract value and scope of work.

1. _____

2. _____

3. _____

Please list 3 project references – include company name, contact person and telephone number:

1. _____

2. _____

3. _____

Minimum Contract Size: _____ Maximum Contract Size: _____

Brief Statement of Capabilities: _____

Name (Printed): _____

Signature: _____ Date: _____