



**MINNESOTA DEPARTMENT OF TRANSPORTATION  
OFFICE OF CIVIL RIGHTS**

**BIDDERS LIST**

Construction Projects-Enter this information into CRL

State Project No.: \_\_\_\_\_ Letting Date \_\_\_\_\_ **TGB** **VET Business**  
 Prime Contractor \_\_\_\_\_ Commitment \_\_\_\_\_ Commitment \_\_\_\_\_  
 Proposed Cost \_\_\_\_\_ Goal \_\_\_\_\_ Goal \_\_\_\_\_

List all comparative quotes of participants performing on the project and participants that bid. Include Subcontractors, Suppliers, Sub-consultants & Service providers.

Name, Contact Name and Phone number of Contractor *	Check (√) Firms That Will Be Used	Description of Work	Dollar Amount of Subcontract/Quote
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

\* Please indicate with a check mark ( √ ) which subcontractors, suppliers, sub-consultants & service providers you will be using on the project.

(Make additional copies of this form as necessary)