

**Subconsultant/MW/SDV Staffing List  
A/E DESIGN**

Original  Revised

CONSULTANT NAME \_\_\_\_\_

DATE \_\_\_\_\_

*List your firm's name for self-performed work and all Subconsultants.  
Complete page 2 for MBE, WBE and SDV firms - see instructions*

SUCF PROJECT NO: \_\_\_\_\_ TITLE: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ GOALS: \_\_\_\_\_ % MBE \_\_\_\_\_ % WBE \_\_\_\_\_ % SDV (As specified in the project advertisement)

Consultant / Subconsultant / Design Area <small>PROVIDE: FIRM NAME, ADDRESS, CONTACT PERSON, E-MAIL</small>	Federal ID No.	MBE, WBE or SDV	Contract Value Dollar and/or %	Partner in Charge and/or Key Staff	Phase or date service begins
Architecture				License # _____	
Civil Engineering				License # _____	
Landscape Architecture				License # _____	
Structural				License # _____	
Plumbing & Fire Protection				License # _____	
HVAC				License # _____	
Electrical				License # _____	
Cost Estimating				License # _____	
Asbestos / HazMat				License # _____	
Other (Please Specify)				License # _____	

**Firms must complete the following for each MW and SDV Subconsultants identified on page 1 (see instructions):**

<u>Firm Name</u>	MBE, WBE or SDV	<u>Discipline</u>
Brief summary of services to be provided with justification of estimated participation:		
<u>Firm Name</u>	MBE, WBE or SDV	<u>Discipline</u>
Brief summary of services to be provided with justification of estimated participation:		
<u>Firm Name</u>	MBE, WBE or SDV	<u>Discipline</u>
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Brief summary of services to be provided with justification of estimated participation:		
<u>Firm Name</u>	MBE, WBE or SDV	<u>Discipline</u>
Brief summary of services to be provided with justification of estimated participation:		

**Certification: I hereby certify that the information provided on this form is true, accurate and complete. I understand that the information provided is to be used to comply with the reporting requirements of Article 15-A & 17-B of the Executive Law.**

Signature (Officer of the Company): \_\_\_\_\_

Date: \_\_\_\_\_

SUCF - Director Opportunities Program Approval: \_\_\_\_\_

Date: \_\_\_\_\_