

Subconsultant/MW/SDV Staffing List

Original Revised

CONSTRUCTION MANAGEMENT

CM FIRM 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
CM - Primary Services				License # _____	
Pre-Construction - Constructability Review				License # _____	
Pre-Construction-scheduling				License # _____	
Cost Estimating				License # _____	
Construction Phase Scheduling				License # _____	
Safety Review				License # _____	
Construction Phase Technical Staffing				License # _____	
Compliance Consultant (MWBE SDVOB EEO)				License # _____	
Other (Please Specify)				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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<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: _____