

# **Subconsultant/MW/SDV Staffing List** **COMMISSIONING SERVICES**

☐ Original ☐ Revised

COMMISSIONING 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
Commissioning Agent				License # _____	
Engineering				License # _____	
Indoor Air Quality Testing				License # _____	
Inspection services				License # _____	
Balancing				License # _____	
HVAC				License # _____	
Other (Please Specify)				License # _____	
Other (Please Specify)				License # _____	
Other (Please Specify)				License # _____	
Other (Please Specify)				License # _____	

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

**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>
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>
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: \_\_\_\_\_