

SUBCONSULTANT MW/SDV STAFFING LIST INSTRUCTIONS

Forms 1SCSLAE, 1SCLCM, 1SCL-CX

Only firms holding a “current” New York State certification status are acceptable for participation credit.

CONSULTANT NAME	Provide the name of your firm
PROJECT INFORMATION	SUCF Project No., Campus, Date, and Project Title, Goals: MBE, WBE, and SDVOB as specified in the project advertisement.
CONSULTANT/SUBCONSULTANT /DESIGN FIRM	Provide the Firm Name, Address, Contact Person and Email Address for each firm listed. Enter both your firm as Prime and all proposed Subconsultant firms. Firms located out of New York State should have the appropriate approvals in place to practice in NYS. If a firm, including your firm provides service in multiple disciplines, list them for each area of expertise. Discipline areas may be modified as appropriate. Add additional pages if necessary.
FEDERAL I.D. NUMBER	Enter the Federal ID number for your firm and any Subconsultant firms.
NYS CERTIFICATION TYPE	Select “MBE”, “WBE”, or “SDV” if your firm or any proposed Subconsultant firms are certified by NY State as a Minority, Woman, or Service Disabled Veteran Owned Business. MWBE and SDVOB goals are separate and cannot be substituted one for the other. However, firms that hold both MWBE and SDVOB certifications may be included in both the MWBE and SDVOB Utilization Plans toward satisfaction of both goals.
CONTRACT VALUE (Dollar and/or %)	Enter the estimated contract value and/or percentage of participation for your firm and any identified Subconsultants. Do not enter “TBD”. The sum of the individual contract values should add up to the total value and/or 100% of the anticipated value of the basic fee . Percentages or values for identified ECA work will be over and above the basic fee and should not be included unless requested by the Fund.
PARTNER IN CHARGE and/or KEY STAFF	Enter the name of the Partner in Charge and/or Key Staff member from your firm and Subconsultants firms. Also include the individual’s license number if providing professional services.
PHASE or DATE SERVICE BEGINS	Propose Subconsultants in a manner that reflects an appropriate response to the Fund's policy for meaningful utilization of NYS Certified Minority, Women and Service Disabled-Owned Business Enterprises.
PAGE 2:	Complete with the name of each certified MBE, WBE, or SDV Subconsultant identified on PAGE 1 of the Subconsultant MW/SDV staffing list, note whether the firm is an MBE, WBE, or SDV and their discipline. Provide a brief summary of the services to be provided by the certified MBE, WBE, or SDV with justification to support the estimated participation.
SIGNATURE	The Certification must be signed and dated by an individual from your firm who is authorized to sign on behalf of your company.
Retain a copy for your files and as a reference for proposing any future changes in the Subconsultant staffing. Any proposed changes to an approved Subconsultant MW/SDV Staffing list must be reviewed with the Project Coordinator and approved by the Fund.	