|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONSULTANT’S LIST OF SUB-CONSULTANTS FOR VENDOR RESPONSIBILTY REVIEW** | | | | | | | | Contract/Project ID No. | |  |
|  | | | | | | | | | | |
| Consultant Name and Address: | | | | \*\*\* All sub-consultants whose contract dollar value is at or exceeds $100,000 shall complete an online, electronic, **non-construction for-profit** questionnaire at the OSC website:  <http://www.osc.state.ny.us/vendrep/forms_vendor.htm> | | | | | | |
| Sub-consultant  Legal Name and Address | Sub-consultant Federal ID No. | | Tiered sub-consultant | Current Contract | | | Anticipated “Life of Contract” Dollar Value for This Sub (if known) | | Brief Description of Service & If tiered sub indicate to whom.  (i.e., Architecture, Engineering, Structural, Estimating, Soils, Surveying, Haz/Mat) | |
|  |  | |  | Over $100,000 \*\*\*(requires questionnaire) | | Under $100,000 |  | |  | |
|  |  | |  |  | |  |  | |  | |
|  |  | |  |  | |  |  | |  | |
|  |  | |  |  | |  |  | |  | |
|  |  | |  |  | |  |  | |  | |
|  |  | |  |  | |  |  | |  | |
| CONSULTANT’S STATEMENT | | | |  | * Include **ALL** previously unsubmitted sub-consultants expected to work. * All or any tiered sub must be listed – including 2nd or 3rd tiered subs * Minimum requirements are Dept. of State Registration, Worker’s Comp. and Disability Insurance. | | | | | |
| My firm proposes to use the sub-consultants listed above. | | | |  |  | | | | | |
| Consultant’s Authorized Signature | |  | Date |  |  | | | | | |
| Title | | | |  |  | | | | | |