

Title: _____

RFQ No.: _____

List of Sub-consultants

TOTAL CONTRACT AMOUNT: \$ _____

This form is initially to be completed and submitted with the RFQ listing all Sub-consultants to be used to complete this Project. This form is to be updated after award of the Project as additional Sub-consultants are added or changed. Identify the type license(s) the company has including Miami-Dade CBE certification numbers. Submit additional pages as necessary.

Name of Firm	Address	Scope of Work	Professional Licenses	Business Category	CBE Certification Number	\$ Total Sub-Contract Amount	% of Design Work

Note: Business Categories: CBE=Community Business Enterprise, CSBE=Community Small Business Enterprise

Name of Proposer: _____

Date: _____

Name of Individual Completing Form: _____ Signature: _____