

Title: _____

RFQ No.: _____

List of Subconsultants

Completion of Form

This form is initially to be completed and submitted with the RFQ listing all Subconsultants to be used under this Agreement. This form is to be updated after award of the Contract as additional Subconsultants are added or changed. Identify the type of license(s) the company has and note any SBE, CBE, CSBE or DBE (Miami-Dade County) or (FDOT) certifications. No other certifications are being requested to be identified. Submit additional pages as necessary.

Name of Firm	Address	Scope of Work	Professional Licenses	Business Category	FDOT/SBE/CBE/DBE Certification	Value of Work	% of Work

Note: Business Categories: SBE = Small Business Enterprise, CBE = Community Business Enterprise, CSBE = Community Small Business Enterprise, DBE = Disadvantaged Business Enterprise, FDOT = Florida Department of Transportation

Name of Proposer: _____

Date: _____

Name of Individual Completing Form: _____

Signature: _____