

Sub-Consultant Utilization Plan

Project # & Name:

Prime Consultant Name &
Address:

Prime Consultant Representative
Name & Telephone #:

Please provide the names of all sub-consultants, their addresses, and contact information (name, title, & telephone number); select if the firm is currently certified as MBE, WBE or N/A (N/A is if the firm is neither MBE or WBE certified), if the firm is currently certified identify their certifying agency; and provide a description of anticipated work to be performed.

<i>Sub-consultant Name Address (Street, City, State, Zip) Contact Person, Title, Number</i>	<i>MBE, WBE or N/A</i>	<i>Certifying Agency</i> <small>St. Louis Airport Authority</small>	<i>Description of Anticipated Work to be Performed</i>

Prime Consultant Authorized Signature: _____ Date _____

Prime Consultant Printed Name: _____

Sub-consultant Final Utilization Plan

Project # & Name:

Prime Consultant Name
& Address:

Prime Consultant Representative
Name & Telephone #:

This form must be completed in its entirety and submitted to the City after fee/scope negotiations are complete.

<i>Sub-consultant Name Address, City, State, Zip Contact Person, Title, Phone Number</i>	<i>MBE,WBE or N/A Select One</i>	<i>Certifying Agency (Select One)</i>	<i>Description of Work to be Performed</i>	<i>Total Dollar Value of Work</i>

Prime Consultant Authorized Signature: _____ Date: _____

Prime Consultant Printed Name: _____

Notice of Intent (NOI) to Perform As a Sub-consultant

Project # and Name:

Prime Consultant's Name:

CHECK ONE: ☐ Sub-consultant (Fully complete Parts I & II) ☐ Sub-consultant with Lower-Tier Consultants (Fully complete Parts I, II and III)

PART I: SUB-CONSULTANT PARTICIPATION

1. To: _____
(Name of Prime Consultant)

From: _____
(Name of Sub-consultant)
2. The undersigned Sub-consultant intends to perform work in connection with the above referenced project as (check one):

<input type="checkbox"/> an individual/sole proprietorship	<input type="checkbox"/> a partnership
<input type="checkbox"/> a corporation	<input type="checkbox"/> a joint venture
3. The undersigned Sub-Consultant (check applicable statements):

<input type="checkbox"/> is a Non-Minority/Non-Women Business Enterprise.
<input type="checkbox"/> has been certified as a Minority or Woman Business Enterprise by the City of St. Louis St. Louis Airport Authority.
4. The undersigned Sub-consultant is prepared to perform the following scope of work in connection with the above referenced project at the following price:

Notice of Intent (NOI) to Perform As a Sub-consultant (Continued)

PART II: LOWER-TIER SUB-CONSULTANT PARTICIPATION

With respect to the proposed Sub-consultant agreement described above, the following work will be completed by lower-tier sub-consultant(s).-*List M/WBE and Non-M/WBE Firms:*

Name of Firm Receiving Lower-Tier Sub-consultant Agreement	MBE/ WBE or NA	Work to Be Performed	Amount of Sub-consultant Agreement
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1.

Company Name

Address:

Federal ID:

Contact Person:

Phone No.

Insurance

2.

Company Name

Address:

Federal ID:

Contact Person:

Phone No.

Insurance

3.

Select One

Company Name

Address:

Federal ID:

Contact Person:

Phone No.

Insurance

Total amount to be subcontracted out to M/WBEs:

Total amount to be subcontracted out to non-M/WBEs:

PART III: SIGNATURES

(Name of Prime Consultant) BY: _____
(Signature of Authorized Representative)

PHONE:
DATE:

(Name of Sub-consultant) BY: _____
(Signature of Authorized Representative)

PHONE:
DATE: