PRINT
SAVE AS
RESET

ST. LOUIS LAMBERT INTERNATIONAL AIRPORT

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.

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

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.

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

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):

☐ an individual/sole proprietorship ☐ a partnership
☐ a corporation ☐ a joint venture

3. The undersigned Sub-Consultant (check applicable statements):

☐ is a Non-Minority/Non-Women Business Enterprise.

☐ 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**
1.		Select One		
	Company Name			
	Address:			Federal ID:
	Contact Person:	Phone No.		Insurance ☐
2.		Select One		
	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:**