**(Form C)**

**Section III — Disclosure of Subconsultants**

Duplicate As Needed

***PLEASE ATTACH COPIES OF ALL IBEs' CERTIFICATIONS***

**Note:**

Fill in all the blanks.

* **For project participation numbers use an EXACT number. DO NOT USE: approximate, plus or minus (+ -), up to, to be determined (TBD), < >, or any other qualifying language.**
* ***Compliance Plans* not complying with these requirements shall be rejected as non-responsive.**
* **Fill in names of all Subconsultants.**

**Prime Consultants Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contract Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Subconsultant Name: |  |
| Address/ City / State / Zip: |  |
| Describe Services: |  |
| Contact Person: | Email: Phone #:  |
| Percentage Amount of Subcontract |  % |   |
| IBE Certified? If yes, identify: | Yes  🞏    No 🞏 MBE  🞏    WBE 🞏 SBE  🞏   DBE🞏 DsBE🞏 VBE🞏 |
| If no, reason IBE not used: |  |
| Second-Level Subconsultant Name: |  Subcontract Percentage\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| Ethnicity/Gender |  |

|  |  |
| --- | --- |
| Subconsultant Name: |  |
| Address/ City / State / Zip: |  |
| Describe Services: |  |
| Contact Person: | Email: Phone #:  |
| Percentage Amount of Subcontract |  % |   |
| IBE Certified? If yes, identify: | Yes  🞏    No 🞏 MBE  🞏    WBE 🞏 SBE  🞏   DBE🞏 DsBE🞏 VBE🞏 |
| If no, reason IBE not used: |  |
| Second-Level Subconsultant Name: |  Subcontract Percentage\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| Ethnicity/Gender |  |

|  |  |
| --- | --- |
| Subcontractor Name: |  |
| Address/ City / State / Zip: |  |
| Describe Services: |  |
| Contact Person: | Email: Phone #:  |
| Percentage Amount of Subcontract |  % |   |
| IBE Certified? If yes, identify: | Yes  🞏    No 🞏 MBE  🞏    WBE 🞏 SBE  🞏   DBE🞏 DsBE🞏 VBE🞏 |
| If no, reason IBE not used: |  |
| Second-Level Subconsultant Name: |  Subcontract Percentage\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| Ethnicity/Gender |  |