

Subconsultant Staffing List – Architecture and Engineering

Consultant Name:
Campus: SUNY Fredonia
List your firm's name for self-performed work. List all Subconsultants. Complete page two for MBE or WBE Subconsultants.
SUNY Project No.:
Project Title:
Date:

GOALS: % MBE % WBE (As specified in the Project Advertisement)

Consultant / Subconsultant / Design Area Name and Address	Federal ID No.	<u>MBE</u> or <u>WBE</u>	SDVOB Y or N	NYS Business Y or N	Contract Value Percentage %	Contract Dollar Value \$ ONLY IF this form is being submitted as part of a COST PROPOSAL	Partner in Charge and/or Key Staff	Phase or date service begins
Architecture							License #	
Civil Engineering							License #	
Landscape Architecture							License #	
Structural							License #	
Plumbing / Fire Protection							License #	
HVAC							License #	
Electrical							License #	
Cost Estimating							License #	
Asbestos / Hazmat							License #	
Other (Please Specify)							License #	

Will New York State Businesses be used in the performance of this contract? _____

Yes No

Minority and Women Owned Business Enterprises

<u>Firm Name</u>	MBE or WBE	<u>Discipline</u>	Has your firm held contracts with this firm in the past? Y or N
Brief summary of services to be provided with justification of estimated participation:			
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Brief summary of services to be provided with justification of estimated participation:			

Certification: I hereby certify that the information provided on this form is true, accurate and complete. I understand that the information provided is to be used to comply with the reporting requirements of Article 15-A of the Executive Law.

Signature (Officer of the Company): _____
 Name: _____
 Title: _____

Date: _____

For internal use only.

MWBE Program Coordinator Approval: _____

Date: _____

Service Disabled Veteran Owned Business Enterprises

<u>Firm Name</u>	<u>Type</u> SDVOB	<u>Discipline</u>	Has your firm held contracts with this firm in the past? Y or N
Brief summary of services to be provided with justification of estimated participation:			
<u>Firm Name</u>	<u>Type</u> SDVOB	<u>Discipline</u>	Has your firm held contracts with this firm in the past? Y or N
Brief summary of services to be provided with justification of estimated participation:			
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<u>Firm Name</u>	<u>Type</u> SDVOB	<u>Discipline</u>	Has your firm held contracts with this firm in the past? Y or N
Brief summary of services to be provided with justification of estimated participation:			

Certification: I hereby certify that the information provided on this form is true, accurate and complete. I understand that the information provided is to be used to comply with the reporting requirements of Article 17-B of the Executive Law.

Signature (Officer of the Company): _____
 Name: _____
 Title: _____

Date: _____

For internal use only.

Program Coordinator Approval: _____

Date: _____

Instructions for completing form 7555-15:

1. Fill in all requested information including your firm name, SUNY Project No., Project Title, Campus, date and the Minority and Women Owned Business Enterprise goals as specified in the Project Advertisement.
2. In the Consultant/Subconsultant fields, enter both your firm as prime and any proposed subconsultant firms. Firms located out of New York State should have the appropriate approvals in place to practice in NYS. If a firm, including your firm provides service in multiple disciplines, list them for each area of expertise. Discipline areas may be modified as appropriate. Add additional pages if necessary.
3. Enter the Federal ID number for your firm and any subconsultant firms.
4. Enter "M" or "W" if your firm or any proposed subconsultant firms are certified by NY State as a Minority or Woman-Owned Business Enterprise. Identify if a firm is a Service Disabled Veteran Owned Business Enterprise.
5. **With the submittal of qualifications:** Enter the estimated percentage of the work scope for your firm and any identified subconsultants. **Do not enter dollar values. Do not enter "TBD".** The sum of the individual percentages should add up to 100%.
6. Enter the name of the Partner in Charge and/or Key Staff member from your firm and subconsultants firms. Also include the individual's license number if providing professional services.
7. Complete page 2 with the name of each certified MBE or WBE subconsultant identified on page 1 of the Subconsultant staffing list, note whether the firm is an MBE or WBE and their discipline. Provide a brief summary of the services to be provided by the certified MBE or WBE with justification to support the estimated participation.
8. Complete page 3 with the name of each certified Service Disabled Veteran Owned Business Enterprise subconsultant identified on page 1 of the Subconsultant staffing list. Provide a brief summary of the services to be provided by the certified MBE or WBE with justification to support the estimated participation.
9. The certification must be signed and dated by an individual from your firm who is authorized to sign on behalf of your company.
10. Retain a copy for your files and as a reference for proposing any future changes. Any proposed changes to an approved Subconsultant Staffing list must be reviewed with the Project Coordinator and approved by SUNY.
11. **If your firm is selected, at the time the cost proposal is submitted an updated Subconsultant Staffing List with Dollar Values is required.**