



UTILIZATION PLAN FOR ALL SUBCONSULTANTS

Purpose: This form is completed by consultants for the utilization of all subconsultants.

INSTRUCTIONS: Submit completed form to the Compliance Unit.

Consultant Name and Address	Agreement D No.	D/M/WBE Agreement Goal(s) D/M _____ % - \$ _____ W _____ % - \$ _____
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Description of Agreement

List all Subconsultant Firms	Certification Status	Services to be Provided	Agreement Amount
Name _____ Address _____ Phone No. _____ Federal ID No. _____			\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____			\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____			\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____			\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____			\$

Prepared by: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Signature Phone No. </div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Title Date Submitted </div>	Sub Total From Page 2 \$ Grand Total \$
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Name _____ Address _____ Phone No. _____ Federal ID No. _____			\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____			\$
Name _____ Address _____ Phone No. _____ Federal ID No. _____			\$

Compliance Unit Comments:	Sub Total \$
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