# Schedule A

**LIST OF POTENTIAL MBE/WBE/SBE/EBE/DVBE/OBE SUBCONSULTANTS**

(NOTE: COPY THIS PAGE AND ADD ADDITIONAL SHEETS AS NECESSARY, SIGN ALL SHEETS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Company Name Address  Telephone/Contact Person | License No. | MBE/WBE/ SBE/EBE/ DVBE/OBE | Description of work to be performed. |
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NOTE: I hereby declare that I will be utilizing this list to solicit proposals from these subconsultants before responding to a specific project/individual Task Work Order under the Request for Qualifications for Pre- Qualified On-Call [insert type of services].

Signature of Person Completing this Form Printed Name of Person Completing this Form

Title Date

**MUST BE SUBMITTED WITH THE RFQ RESPONSE**

Rev. 12/30/12 (Public Works RFQ - BAVN)

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