# SCHEDULE D

**FINAL SUBCONSULTING REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title** | | | **Contract No.** |
| **Company Name** | **Address** | | |
| **Contact Person** | | **Phone** | |

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| --- | --- | --- | --- | --- |
| **Name, Address, Telephone No. of all Subconsultants Listed on Schedule C** | **Description of Work or Supply** | **MBE/WBE/**  **SBE/EBE/ DVBE/OBE** | **Original Dollar Value of Subcontract** | **Actual Dollar Value of Subcontract\*** |
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\* If the actual dollar value differs from the original dollar value, explain the differences and give details.

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Total Dollars** | **Achieved Levels** | **Pledged Levels** |  | **Total Dollars** | **Achieved Levels** | **Pledged Levels** |
| **MBE Participation** |  |  |  | **WBE Participation** |  |  |  |
| **SBE Participation** |  |  |  | **EBE Participation** |  |  |  |
| **DVBE Participation** |  |  |  | **OBE Participation** |  |  |  |

**Signature of Person Completing this Form Printed Name Title Date**

**SUBMIT WITHIN 15 DAYS OF TASK WORK ORDER COMPLETION**

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

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