

## **Annual List of Subconsultants (Annual LOS)**

The Prime Contractor/Consultant must submit an Annual List of Subcontractors/Subconsultants form (Annual LOS) to identify the list of subcontractors/subconsultants intended to be utilized during the next twelve (12) months of the contract for every subsequent year of the contract term.

**CITY OF NEW YORK  
ANNUAL LIST OF SUBCONSULTANTS (“ANNUAL LOS”)**

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***Directions:*** For all multi-year contracts for which a utilization plan has been submitted pursuant to Local Law 1 of 2013, the contractor must use this form annually to indicate a list of persons to which it intends to award subcontracts to during each twelve-month period following the initial year of the contract term. Each page should be signed and certified. Attach additional pages (copies of this page) as needed.

**PRIME CONTRACT INFORMATION**

Agency:	Unit/Division:
FMS Contract No.:	PIN:
Contract Value: \$	Registration Date:
Contract Description:	

**PRIME CONTRACTOR IDENTIFICATION**

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	

**SUBCONTRACTOR #1 INFORMATION**

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

**SUBCONTRACTOR #2 INFORMATION**

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

**SUBCONTRACTOR #3 INFORMATION**

Name:		
Phone:	Fax:	
Address:	City	State/ZIP:
EIN/SSN:	E-Mail	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

**Prime Contractor Certification:** I hereby affirm that the information supplied is true and correct.

Signature:	Title:
Print Name:	Date:

**CITY OF NEW YORK  
ANNUAL LIST OF SUBCONSULTANTS ("ANNUAL LOS")**

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***Directions:*** For all multi-year contracts for which a utilization plan has been submitted pursuant to Local Law 1 of 2013, the contractor must use this form annually to indicate a list of persons to which it intends to award subcontracts to during each twelve-month period following the initial year of the contract term. Each page should be signed and certified. Attach additional pages (copies of this page) as needed.

**PRIME CONTRACT INFORMATION**

Agency:	Unit/Division:
FMS Contract No.:	PIN:
Contract Value: \$	Registration Date:
Contract Description:	

**PRIME CONTRACTOR IDENTIFICATION**

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	

**SUBCONTRACTOR #4 INFORMATION**

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

**SUBCONTRACTOR #5 INFORMATION**

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

**SUBCONTRACTOR #6 INFORMATION**

Name:		
Phone:	Fax:	
Address:	City	State/ZIP:
EIN/SSN:	E-Mail	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

**Prime Contractor Certification:** I hereby affirm that the information supplied is true and correct.

Signature:	Title:
Print Name:	Date: