

Initial List of Subconsultants (LOS)

The Prime Contractor/Consultant must submit their list of intended subcontractors/subconsultants for the upcoming twelve (12) months within thirty (30) days of the Notice to Proceed (NTP) being issued.
(MOCS Best Practices, pg. 24)

CITY OF NEW YORK
Initial LIST OF SUBCONSULTANTS ("Initial 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
Initial LIST OF SUBCONSULTANTS (“Initial 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: