

CITY OF NEW YORK EXHIBIT B COVERSHEET					
CONSULTANT / SUBCONTRACTOR APPROVAL FORM FOR DISCRETIONARY CONTRACTS Column on left denotes party responsible for completion of each section.					
CONTRACT INFORMATION					
AGENCY	Agency:	Ur	nit/Div:		
	FMS Contract No.:	EF	PIN:		
	Contractor Name:	EII	IN/SSN:		
	Contract Value:	Re	egistration Date:		
	Contract Description:				
	CONSULTANT / SUBCONTRACTOR INFORMATION If more than 4 consultants / subcontractors need approval please attach additional sheets.				
CONTACTOR	Name:	Dis	sclosure Attached: Yes	No 🗌	
	Phone:	Fa		0.1.1.17:	
	Address: EIN/SSN:	Cit	ty: Mail:	State/Zip:	
	Description of Agreement:				
	Value of Agreement:	Sta	art Date:	End Date:	
	Name:		Disclosure Attached: Yes	No	
	Phone:	Fa			
	Address: EIN/SSN:	Cit	ty:  Mail:	State/Zip:	
	Description of Agreement:				
	Value of Agreement:	Sta	art Date	End Date	
	Name:		Disclosure Attached: Yes	No	
	Phone: Address:	Fa		State/Zip:	
	EIN/SSN:	Cit	Mail:	State/Zip:	
	Description of Agreement:				
	Value of Agreement:	Sta	art Date:	End Date:	
	Name:		Disclosure Attached: Yes		
	Phone:	Fa			
	Address:	Cit		State/Zip:	
	EIN/SSN:	E-I	Mail:		
	Description of Agreement:				
	Value of Agreement:	Sta	art Date:	End Date:	
	AGENCY APPROVAL				
AGENCY	Date of Receipt:		Date sent to City Council:		
	Final Agency Approval: Granted Denied		City Council Approval:	Granted Denied	
	Signature:		Date:		

