

Project Name: _____

Agreement No.: FM _____

EXHIBIT 13A

Authorization No.: _____

REPORT OF SUBCONSULTANT INFORMATION

Provide the following information for each contracting party including the Consultant and each subconsultant regardless of tier.* Attach additional sheets if necessary. If no subconsultants, then enter only the Principal Consultant's information on the "(Consultant)" line.

1	2	3	4	5				6	
Full Name of Business	Street Address, City, State and ZIP	Telephone No / FAX No	Contact Name	Business categories				Contract Dollars	
				SBE*	DBE*	WBE*	DVBE*	Amount (\$)	Percent (%)
(Consultant)									
(Sub Consultant)									
(Sub Consultant)									
(Sub Consultant)									
Total Contract Amount = \$	Column 6 - Business Categories						SUBTOTALS		
	SBE = Small Business Enterprise						\$		
	DBE = Disadvantaged Business Enterprise						\$		
	WBE = Woman Business Enterprise						\$		
	DVBE = Disable Veteran Business Enterprise						\$		

*Regardless of tier, a completed Self-Certification must have been submitted with the Report of Subconsultant Information for each SBE, DBE, WBE, DVBE indicated on this Exhibit.