

**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: | Unit/Div: |
| | FMS Contract No.: | EPIN: |
| | Contractor Name: | EIN/SSN: |
| | Contract Value: | Registration Date: |
| | Contract Description: | |

| CONSULTANT / SUBCONTRACTOR INFORMATION | | | |
|--|---|---|------------|
| If more than 4 consultants / subcontractors need approval please attach additional sheets. | | | |
| CONTACTOR | Name: | Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | Phone: | Fax: | |
| | Address: | City: | State/Zip: |
| | EIN/SSN: | E-Mail: | |
| | Description of Agreement: | | |
| | Value of Agreement: | Start Date: | End Date: |
| | Name: | Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | Phone: | Fax: | |
| | Address: | City: | State/Zip: |
| | EIN/SSN: | E-Mail: | |
| Description of Agreement: | | | |
| Value of Agreement: | Start Date: | End Date: | |
| Name: | Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Phone: | Fax: | | |
| Address: | City: | State/Zip: | |
| EIN/SSN: | E-Mail: | | |
| Description of Agreement: | | | |
| Value of Agreement: | Start Date: | End Date: | |
| Name: | Disclosure Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Phone: | Fax: | | |
| Address: | City: | State/Zip: | |
| EIN/SSN: | E-Mail: | | |
| Description of Agreement: | | | |
| Value of Agreement: | Start Date: | End Date: | |

| AGENCY APPROVAL | | |
|-----------------|--|--|
| AGENCY | Date of Receipt: | Date sent to City Council: |
| | Final Agency Approval: Granted <input type="checkbox"/> Denied <input type="checkbox"/> | City Council Approval: Granted <input type="checkbox"/> Denied <input type="checkbox"/> |
| | Signature: | Date: |



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