

**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:			
CONTACTOR	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:			
CONTACTOR	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:			
CONTACTOR	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:			

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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