

Triborough Bridge & Tunnel Authority
CURRENT WORKLOAD DISCLOSURE

Contract No. XX-XXXX

This is a Standard Form to provide information concerning the current workload of the firms interested in the project. The values shown should not include fees to be paid to subconsultants and subcontractors or for rentals/purchases of equipment.

PROJECT NAME(S)/LOCATION(S):

FIRM NAME _____

CONTACT PERSON _____

PHONE NUMBER _____

ADDRESS OF OFFICE(S) TO PERFORM WORK:

IS YOUR FIRM A: M/WBE? (YES/NO)
 (circle as appropriate)

NUMBER OF PERSONNEL (PROPOSED OFFICE(S)): ADMINISTRATIVE _____ TECHNICAL _____
 PROFESSIONAL _____

I. REMAINING TBTA WORK OF PROPOSED OFFICE(S) (from pg 2.) WITH:
 _____ DIVISION: \$ _____ DEPARTMENT: \$ _____
 (specify)

II. EXPECTED BILLINGS FOR NEXT 18 MONTHS:

A. TBTA WORK; total expected billings in next 18 months.	\$	_____
B. WORK WITH OTHER PUBLIC AGENCIES; total expected billings in the next 18 months	\$	_____
C. PRIVATE WORK; total expected billings on projects in the next 18 months.	\$	_____
TOTAL (A + B + C)	\$	_____

III. CERTIFIED MINORITY / WOMEN'S BUSINESS ENTERPRISE (M/WBE) FIRMS(S) FOR NON-FEDERAL AID PROJECTS PROPOSED FOR USE ON THIS PROJECT:

SUBCONSULTANT FIRM NAME & ADDRESS	PROPOSED PERCENTAGE OF PROJECT	WORKLOAD WITH TBTA
_____	\$ _____	_____ (Specify)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

IV. OTHER FIRM(S) PROPOSED FOR USE ON THIS PROJECT:

SUBCONSULTANT FIRM NAME & ADDRESS	PROPOSED PERCENTAGE OF PROJECT	WORKLOAD WITH TBTA
_____	\$ _____	_____ (Specify)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

V. CERTIFICATION

I hereby certify that the above figures are actual contract amounts (when available) or my best estimate of expected billings.

 DATE

 SIGNATURE (OFFICER OR PARTNER)

FIRM NAME: _____

CONTRACT No. _____

Triborough Bridge & Tunnel Authority

**CURRENT WORKLOAD DISCLOSURE
REMAINING WORK WITH TBTA**

List all projects on which you are currently working for TBTA and those which you have been designated to perform. These shall be categorized as indicated below (Design, Construction Inspection or Miscellaneous).

TYPE OF WORK	CONTRACT NUMBER	REMAINING \$ VALUE FIRMWIDE (Include anticipated Amendments) (a)	% OF PROJECT PERFORMED AT PROPOSED OFFICE(S) (b)	PRO-RATED WORKLOAD OF PROPOSED OFFICE (S) (a x b)
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DESIGN DIVISION (Includes A/E Design and Construction Support Services):

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TOTAL FIRMWIDE DESIGN WORKLOAD: \$

PROPOSED OFFICE(S) DESIGN WORKLOAD: \$

CONSTRUCTION DIVISION (Includes Only Construction Inspection):

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TOTAL FIRMWIDE C/I WORKLOAD: \$

PROPOSED OFFICE(S) C/I WORKLOAD: \$

MISCELLANEOUS (Includes Planning, Testing and any other agreements not covered above):

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TOTAL FIRMWIDE MISCELLANEOUS WORKLOAD: \$

PROPOSED OFFICE(S) MISCELLANEOUS WORKLOAD: \$

TOTAL FIRMWIDE OVERALL WORKLOAD WITH AUTHORITY : \$

PROPOSED OFFICE(S) OVERALL WORKLOAD WITH AUTHORITY : \$

YOU MAY ATTACH ADDITIONAL SHEETS OF REMAINING WORK FOLLOWING THE SAME FORMAT AS USED ABOVE.