



**Form A-6 – Bidder/Respondent’s Disclosure of Subcontractors/Sub-consultants**

**Solicitation Number:** \_\_\_\_\_

**Prime Bidder/Respondent Name:** \_\_\_\_\_

**Team Composition Plan:** Please list all proposed subcontractors /sub-consultants for this contract. The selected Respondent shall not change or substitute subcontractors /sub-consultants from those listed below without prior written approval from the City. Attach additional forms as necessary. Copies of subcontractor/sub-consultant contracts must be made available upon request.

Business Association	Business Name	Business Address	Business Phone #	Type of Work to be Performed	Percentage of Contract	Diversity Classification(s) (see key below)
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	

**Diversity Classification Key:**

A = Asian Owned

B = African American Owned

F = Woman Owned

H = Hispanic Owned

N = Native American Owned

L = Local North Miami Business