**PARKS & RECREATION DEPARTMENT**
2017 RFQ Consultant Contact Sheet

**PRIME FIRM NAME:**
**ADDRESS:**
**CITY/STATE/ZIP:**
**MWBE:** ☐ Yes (if yes, please attach Certificate)
☐ No
All MWBE is for information purposes only. No preference shall be given nor this information affect the results of the selection.

***PLEASE INSERT THIS WITH YOUR SUBMITTAL UNDER GENERAL INFORMATION**

| PRIME CONSULTANT | | | | | | SUB CONSULTANTS | | | |
|---|---|---|---|---|---|---|---|---|---|
| **CATEGORY** | **CONTACT NAME** | **TITLE** | **ADDRESS** | **PHONE** | **EMAIL** | **NAME OF SUB** | **DESCRIPTION OF WORK** | **MWBE** (Answer Yes or No) | **ARLINGTON FIRM** (Answer Yes or No) |
| **Park Improvements/ Renovations** | | | | | | | | | |
| **Roadway, Parking & Drainage** | | | | | | | | | |
| **Linear Park Trail Development** | | | | | | | | | |