



INSTRUCTIONS ON COMPLETING SUBCONTRACTOR/SUBCONSULTANT SCHEDULES 1 – 4

Respondents must complete and correctly execute the required OSBD Schedules when responding to a solicitation and submitting payment requests after contract award. As long as there is a required API goal, Schedules 1, 2 and 2(a) must be submitted with all bids or proposals from subcontractors and subconsultants in order to be considered responsive to the solicitation.

Important Points to Remember

- A. Schedule 1** must be completed by the Prime Contractor and submitted with their bid or proposal.
 - 1. Section “A” of this form must be properly completed by all Prime Contractor/Consultants. Regardless of whether the Prime is a certified or non-certified company. Include the company name, address, contact person, and information, as well as the dollar amount or percentage of work that the prime is responsible for completing.
 - 2. Section “B” of this form must list all Subcontractor(s)/Subconsultant(s) to be utilized on this project. Please check the appropriate box if the Subcontractor(s)/subconsultant(s) is certified as a PBC-OSBD SBE or Non-SBE.
 - 3. The Prime is to indicate the dollar amount or percentage of work for all subcontractors/subconsultants. All subcontractors/subconsultants must be identified as either SBE or Non-SBE and include the dollar amount or percentage of work under the applicable designation.
 - 4. At the very bottom of the Schedule, write down the total bid amount or percentage of work that will be completed by SBEs.
 - 5. The Prime or authorized individual must print, sign and date the form.
- B. Schedule 2 or 2(a)** must be properly executed and submitted with the bid/proposal for all subcontractors/subconsultants listed on Schedule 1.
 - 1. **Specify in detail** the work to be performed or material supplied, along with the dollar amount or percentage of work for each item and corresponding line item number(s), when available.
 - 2. If there is a portion of the work that **will not** be performed by the subcontractor/subconsultant, a separate, properly executed Schedule 2 must be submitted for all 2nd and 3rd tier Subcontractors/subconsultants. The original subcontractor/subconsultant must indicate that information in the “red box” located in the middle of the form.
 - 3. All subcontractors/subconsultants must print, sign and date the form.
- C. Schedule 3** is completed by the Prime and submitted with each payment request made to Palm Beach County.
 - 1. In the subcontracting Information section, list the Name(s) of each subcontractor on the project and the total contracted amount for each subcontractor.
 - 2. As the project proceeds, complete each column under the subcontracting Information section accordingly to show, approved change orders, revised contract amounts, amounts drawn this pay period, amounts drawn to date, amounts paid to date and the starting date of the subcontractors.
 - 3. In the SBE Subcontractor Category section, check the appropriate designation for each subcontractor.

4. The Schedule 3 must be signed by the Prime's designated individual and must include the person's title.
- D. **Schedule 3(a)** is used for professional services contracts only. This Schedule is completed by the Prime and submitted with each payment request made to Palm Beach County.
1. The Prime must complete all of the necessary information, which includes the project name, CSA name and number, contract amounts (original and amended, if applicable), and the Pay Application number.
 2. The Prime must indicate the percentage of work performed with their own workforce and the amount paid to date.
 3. In the "Sub-Consultants" section of the Schedule, the Prime must list the firms' name and their contract amount. The date when that sub begins their work, the amount paid to date, when applicable, and the percentage of work they have completed by the date of the payment request.
 4. The Schedule 3(a) must be signed by the Prime's designated individual and must include the person's title.
- E. **Schedule 4** is supplied in a fillable PDF form that allows the Prime to enter the requested information, which is then submitted by the Prime to reflect actual payments made to each subcontractor/subconsultant.
1. The Prime is not to request signature from a Subcontractor/subconsultant unless it has made payment to the Subcontractor/subconsultant.
 2. A separate Schedule 4 is required for each Subcontractor/sub consultant.
 3. A separate Schedule 4 is required for each contract and payment request in which a disbursement has been made to a subcontractor or sub consultant.
 4. A fillable pdf Schedule 4 will be emailed to the prime contractor by the user department. The user department will pre-fill the spaces on the form that pertain to the Department number, project number, and Prime contractor's vendor code.
 5. The Prime will type in the Subcontractor/sub consultant name, payment amount, work order number, if applicable, payment date, and Subcontractor/sub consultant vendor code in the fillable form fields. Subcontractor/sub consultant vendor codes can be found through the OSBD website at <https://pbc.gov/pbcvendors>.
 6. The Prime will either print the form for the Subcontractor/subconsultant to sign and have notarized, or send the form electronically for digital signature and notarization, if possible, verifying that the information is correct. The Subcontractor/subconsultant must provide information as to whether a portion of the payment received will be disbursed to another Subcontractors/sub consultant. If the Subcontractor/subconsultants indicates that a portion of their payment will be disbursed to 2nd or 3rd tier sub, a separate Schedule 2 must be submitted for the Subcontractor/sub consultant listed.
 7. The **original** completed Schedule 4 is submitted to Palm Beach County with the Prime's payment request documents.
- F. **If it is believed that a violation of the SBD Ordinance has occurred, a complaint may be filed with the OSBD. A link to the complaint/violation form is provided on the home page of the OSBD website: <https://discover.pbc.gov/HED/osbd> .**

OSBD SCHEDULE 1

SOLICITATION/PROJECT/BID NAME: _____

SOLICITATION/PROJECT/BID NO.: _____

SOLICITATION OPENING/SUBMITTAL DATE: _____

COUNTY DEPARTMENT: _____

Section A

PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME CONTRACTOR/CONSULTANT* ON THE PROJECT:

NAME OF PRIME RESPONDENT/BIDDER: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NO.: _____

E-MAIL: _____

PRIME'S DOLLAR AMOUNT OR PERCENTAGE OF WORK: _____

SBE Prime's must include their percentage or dollar amount in the Total Participation line under section B.

Non-SBE

SBE

☐☐

Section B

PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SUBCONTRACTORS/SUBCONSULTANTS ON THE PROJECT BELOW:

<u>Subcontractor/Sub consultant Name</u>	(Check all Applicable Categories)		<u>DOLLAR AMOUNT OR PERCENTAGE OF WORK</u>
	<u>Non-SBE</u>	<u>SBE</u>	
1.	☐	☐	_____
2.	☐	☐	_____
3.	☐	☐	_____
4.	☐	☐	_____
5.	☐	☐	_____

(Please use additional sheets if necessary)

Total _____

Total Bid/Offer Price \$ _____

Total **Certified** SBE Participation \$ _____

I hereby certify that the above information is accurate to the best of my knowledge: _____

Name & Authorized Signature

Title

- Note:**
1. The amount listed on this form for a Subcontractor/sub consultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
 2. **Only those firms certified by Palm Beach County at the time of solicitation due date are eligible to meet the established OSBD Affirmative Procurement Initiative (API). Please**
 3. Modification of this form is not permitted and will be rejected upon submittal.
 4. If a Mandatory API goal applies, failure to submit a properly executed Schedule 2 will result in a determination of non-responsiveness to the solicitation.

OSBD LETTER OF INTENT – SCHEDULE 2

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. If a Mandatory API goal applies, failure to submit a properly executed Schedule 2 will result in a determination of non-responsiveness to the solicitation. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: _____

SOLICITATION/PROJECT NAME: _____

Prime Contractor: _____ Subcontractor: _____

(Check box(s) that apply)

☐ SBE ☐ Non-SBE ☐ Supplier

Date of Palm Beach County Certification (if applicable): _____

SBE PARTICIPATION – **SBE Primes must document all work to be performed by their own work force on this form.** Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. When applicable, identify the line item(s) associated with the service/product being supplied. SBE credit will only be given for the areas in which the SBE is certified. A detailed quote/proposal may be attached to a properly executed Schedule 2 for additional information.

Line Item	Item Description	Unit Price	Quantity/Units	Contingencies/Allowances	Total Price/Percentage

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: _____

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

Name of 2nd/3rd tier Subcontractor/subconsultant

Price or Percentage: _____

Print Name of Prime

Print Name of Subcontractor/subconsultant

By: _____
Authorized Signature

By: _____
Authorized Signature

Print Name

Print Name

Title

Title

Date: _____

Date: _____

OSBD LETTER OF INTENT – SCHEDULE 2-A FOR USE ON CM@R PROJECTS ONLY

A completed Schedule 2-A is a document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) agreeing to work together if selected to provide a service. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. If a Mandatory API goal applies, failure to submit a properly executed Schedule 2-A will result in a determination of non-responsiveness to the solicitation. Each properly executed Schedule 2-A must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: _____

SOLICITATION/PROJECT NAME: _____

Prime Contractor: _____ Subcontractor: _____

(Check box(s) that apply)

☐ SBE ☐ Non-SBE ☐ Supplier

Date of Palm Beach County Certification (if applicable): _____.

SBE PARTICIPATION – SBE Primes must document all work to be performed by their own work force on this form. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. When applicable, identify the line item(s) associated with the service/product being supplied. SBE credit will only be given for the areas in which the SBE is certified. A detailed quote/proposal may be attached to a properly executed Schedule 2 for additional information.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: _____

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

Name of 2nd/3rd tier Subcontractor/subconsultant

Price or Percentage: _____

Print Name of Prime

Print Name of Subcontractor/subconsultant

By: _____
Authorized Signature

By: _____
Authorized Signature

Print Name

Print Name

Title

Title

Date: _____

Date: _____

**OSBD SCHEDULE 3
SUBCONTRACTOR ACTIVITY FORM**

SUBCONTRACTOR ACTIVITY FOR MONTH ENDING _____ PROJECT #: _____

PROJECT NAME _____

PRIME CONTRACTOR NAME _____

PROJECT SUPERVISOR _____

Schedule 3 is used to show the monthly payment activity for work performed by each Subcontractor on the project and in conformity with the Subcontractor(s) submitted on Schedule 2. It also shows approved change orders as they impact all Subcontractors. Schedule 3 is to be submitted by the Prime Contractor with each payment request to Palm Beach County. In the Subcontracting Information section, list the name(s) of each Subcontractor, including each SBE subcontractor on the project and the total contracted amount for each Subcontractor on the project. As the project proceeds, please complete each column under the Subcontractor Information section. If a subcontractor is an SBE, please check the appropriate categories applicable.

SUBCONTRACTING INFORMATION								Subcontractor Category (check applicable)	
Name of Subcontractor(s)	Total Contract Amount	Approved Change Orders	Revised Contract Amount	Amount drawn for Sub this Period	Amount drawn for Sub to Date	Amount Paid to Date for Subcontractor	Actual Starting Date	SBE (√)	Non-SBE (√)
								()	()
								()	()
								()	()
								()	()
								()	()
								()	()
								()	()

I hereby certify that the above information is accurate to the best of my knowledge _____
(Signature) (Title)

Additional Sheets May Be Used As Necessary.

**OSBD Schedule 3(A)
PROFESSIONAL SERVICES ACTIVITY REPORT**

Date: _____

Project Name: _____

Project No.: _____ **BCC Resolution No.:** _____

Original Contract Amt.: \$ _____ **Amended Contract Amt.: \$** _____

CSA Project Name: _____

CSA Project No.: _____ **CSA Project Amt.: \$** _____

CSA BCC Resolution No. (If applicable): _____ **CSA Payment Application No.:** _____

Prime Consultant: _____ **Contact Person:** _____

Project Name: _____

Phone # _____ **Email:** _____

Amount Paid to Date: _____

Total Percentage of work performed to date by Prime: _____

SUB-CONSULTANTS

1. **Firm Name:** _____
Contract Amount: \$ _____ **Start Date:** _____
Amount Paid to Date: _____ **% Completed:** _____
2. **Firm Name:** _____
Contract Amount: \$ _____ **Start Date:** _____
Amount Paid to Date: _____ **% Completed:** _____
3. **Firm Name:** _____
Contract Amount: \$ _____ **Start Date:** _____
Amount Paid to Date: _____ **% Completed:** _____
4. **Firm Name:** _____
Contract Amount: \$ _____ **Start Date:** _____
Amount Paid to Date: _____ **% Completed:** _____
5. **Firm Name:** _____
Contract Amount: \$ _____ **Start Date:** _____
Amount Paid to Date: _____ **% Completed:** _____

I hereby certify that the above is accurate to the best of my knowledge.

Signature

Title

OSBD SCHEDULE 4 – SUBCONTRACTOR/SUBCONSULTANT PAYMENT CERTIFICATION

A properly executed Schedule 4 shall be submitted for each Subcontractor/subconsultant after receipt of payment from the Prime. The Prime shall submit this form with each payment application or invoice submitted to the County when the COUNTY has paid the Prime on the previous payment application for services provided by a Subcontractor/subconsultant. **All named Subcontractors/ subconsultants tiers on this form must also complete and submit a separate Schedule 4 after receipt of payment.**

Project Name _____ Project No. _____

Dept. _____ Task/Work/Delivery/Purchase Order No. _____

Prime Contractor _____ Vendor Code _____

Invoice No. (Paid by County) _____ Date Paid ____/____/____

Subcontractor _____ Vendor Code _____

Payment \$ _____ Subcontractor Invoice No. _____ Date Paid ____/____/____ (Final ☐)

If the undersigned intends to distribute any portion of this payment to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 4.

Name of 2nd/3rd tier Subcontractor/subconsultant

Price or Percentage: _____

By: _____
(Signature of Subcontractor/subconsultant)

(Name & Title of Person executing on behalf of Subcontractor/
subconsultant)

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____
day of _____, _____ (year), by _____ (name of person acknowledging).

Notary Public, State of Florida

Personally Known ☐ OR Produced Identification ☐ Type of Identification _____
Print, Type or Stamp Commissioned Name of Notary