CHANGE ORDER AGREEMENT No.

or

SUPPLEMENTAL TASK AUTHORIZATION No.

EXHIBIT "CO/STA‑D"

Date:

CONSULTANT'S, OR SERVICE PROVIDER'S, ASSOCIATED SUB‑CONSULTANT(S) AND SUBCONTRACTOR(S)

for

CONSULTANT, or SERVICE PROVIDER, intends to engage the following sub‑consultant(s) and/or sub‑contractor(s) to assist the CONSULTANT, or SERVICE PROVIDER, in providing and performing the services, tasks, or work required under this CHANGE ORDER, or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT.

(If none, enter the word "none" in the space below.)

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| --- | --- | --- | --- | --- | --- | --- |
| Service and/or  Work to be  Provided or  Performed | Name and Address of  Individual or Firm | Disadvantaged,  Minority or  Women Business  Enterprise, (If Yes,  Indicate Type) | | | Sub-Consultant  Services  are Exempted  from Prime  Consultant=s Insurance  Coverage | |
|  |  | Yes | No | Type | Yes | No |
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