[ ]  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/orWork to beProvided or Performed | Name and Address ofIndividual or Firm | Disadvantaged, Minority orWomen BusinessEnterprise, (If Yes, Indicate Type) | Sub-ConsultantServicesare Exemptedfrom PrimeConsultant=s InsuranceCoverage |
|       |       | Yes | No | Type | Yes | No |
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