

**CITY OF NEW YORK
EXHIBIT B COVERSHEET
CONSULTANT / SUBCONTRACTOR APPROVAL FORM FOR DISCRETIONARY CONTRACTS**
Column on left denotes party responsible for completion of each section.

CONTRACT INFORMATION	
AGENCY	Agency:
	FMS Contract No.:
	Contractor Name:
	Contract Value:
	Contract Description:

CONSULTANT / SUBCONTRACTOR INFORMATION	
If more than 4 consultants / subcontractors need approval please attach additional sheets.	
CONTACTOR	Name:
	Phone:
	Address:
	EIN/SSN:
	Description of Agreement:
	Value of Agreement:
	Name:
	Phone:
	Address:
	EIN/SSN:
CONTACTOR	Name:
	Phone:
	Address:
	EIN/SSN:
	Description of Agreement:
	Value of Agreement:
	Name:
	Phone:
	Address:
	EIN/SSN:
CONTACTOR	Name:
	Phone:
	Address:
	EIN/SSN:
	Description of Agreement:
	Value of Agreement:
	Name:
	Phone:
	Address:
	EIN/SSN:

AGENCY APPROVAL	
AGENCY	Date of Receipt:
	Final Agency Approval: Granted <input type="checkbox"/> Denied <input type="checkbox"/>
	Signature:

