

Attachment K – Subconsultant Compliance Certification

MILWAUKEE COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES, FACILITIES MANAGEMENT DIVISION

SUBCONSULTANT COMPLIANCE CERTIFICATION

DATE: _____

PROJECT TITLE: _____

PROJECT NO.: _____

PRIME CONSULTANT: _____

This is to Certify that I/We:

SUBCONSULTANT NAME: _____

ADDRESS: _____

Shall provide the following subconsulting services to the above named Prime Consultant:

TYPE OF SERVICES: _____

We also certify that if I/We are approved for this project, we shall be bound by all the applicable terms and conditions, including the "Audit and Inspection of Records" requirements, required of the Prime Consultant. No work shall be started until we have an executed Agreement with the Prime Consultant incorporating all of the above requirements.

SUBCONSULTANT

Subconsultant's Name

Date

Signature

If Principal is a Corporation
IMPRINT CORPORATE SEAL

Title