

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