

**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