

**OEBO 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