



SUBCONTRACTOR CHANGE REQUEST FORM

BID NUMBER:

CONTRACT NUMBER:

CONTRACT AMOUNT:

CONTRACT TITLE:

PRIME NAME:

PRIME CONTACT:

PRIME DMWESB CERTIFICATION, IF APPLICABLE:

1. What changes are associated with this request?

<i>Change Requested</i>	<i>Name of Firm</i>	<i>Type of Work</i>	<i>Subcontract \$ Amount</i>	<i>Paid to Date</i>	<i>Certification Type DBE/MBE/WBE/ESB</i>

2. What is the reason for the change?

3. What type of outreach was performed to select a DMWESB for this work? Please fill out the form on Page 2, attaching any documentation justifying a change and/or showing any firm's deletion is acceptable to that firm.

Signature

Date

CITY USE ONLY

The current DMWESB participation is _____ which is _____ % of the total contract (includes Prime Contractor, if applicable).

The proposed DMWESB participation is _____ which is _____ % of the total contract (includes Prime Contractor, if applicable).

Chief Procurement Officer Signature

Date

