



SUBCONTRACTOR CHANGE REQUEST FORM

BID NUMBER: _____ **CONTRACT NUMBER:** _____ **CONTRACT TITLE:** _____
CONTRACT NTE \$ AMOUNT: _____ **REQUESTED BY (FIRM NAME):** _____
REPRESENTATIVE NAME: _____ **PRIME MWESB 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 MBE/WBE/ESB</i>

2. What is the reason for the change?

3. What type of outreach was performed to select a MWESB for this work? Please fill out the form on Page 2 per the type of change requested.

Representative Signature

Date

CITY USE ONLY

The current MWESB participation is _____ which is _____ % of the subcontract total and _____ % of the total contract.

The proposed MWESB participation is _____ which is _____ % of the subcontract total and _____ % of the total contract.

Chief Procurement Officer Signature

Date

Approved Denied

