



SUBCONSULTANT CHANGE REQUEST FORM

BID NUMBER: _____ **CONTRACT NUMBER:** _____ **CONTRACT NTE \$ AMOUNT:** _____

CONTRACT TITLE: _____

PRIME NAME: _____ **PRIME CONTACT:** _____

PRIME DMWESB CERTIFICATION IF APPLICABLE:

1. What changes are associated with this request? Check each box that applies to the change request, and please complete the table on Page 2, listing each subconsultant to be changed.
 Adding Subconsultant(s) Removing Subconsultant(s) Replacing Subconsultant(s)
2. What is the reason for the change(s)?
3. What outreach was performed to select a DMWESB for this work? Complete the form on Page 2, attaching any documentation justifying a change and/or showing any firm's work deletion is acceptable to that firm.

SIGNATURE AUTHORITY OF PRIME

Date

*****SECTION BELOW TO BE COMPLETED BY CITY OF PORTLAND*****

What is the current and proposed DMWESB participation?

The current DMWESB participation is \$_____, which is _____% of the total contract. (Includes Prime Consultant \$ if applicable)

The proposed DMWESB participation is \$_____, which is _____% of the total contract. (Includes Prime Consultant \$ if applicable)

Chief Procurement Officer Signature

Date

