

SUBCONSULTANT CHANGE REQUEST FORM

BID	NUMBER:	CONTRACT NUMBER:		CONTRACT NTE \$ AMOUNT:				
CO	NTRACT TITLE:							
PRI	IME NAME:	P	RIME CONTACT:					
PRI	IME DMWESB CERTIFICAT	TION 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 Subconsultan	t(s) Removing	Subconsultant(s)	Replacing Subconsultant(s)				
2.	What is the reason for the	ne 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 pa Consultant \$ if applicable		ch is% of t	he total contract. (Includes Prime				
	The proposed DMWESB Consultant \$ if applicable		hich is% o	f the total contract. (Includes Prime				
	Chief Procurement Office	er Signature		 Date				

SUBCONSULTANT CHANGES

Type of Change ADD/DELETE/REPLACE	Name of Firm	Type of Work	Subcontract \$ Amount or Prime Amount	Paid to Date	Certification Type DBE/MBE/WBE/ESB, OR NOT CERTIFIED
Click to select			\$	\$	
Click to select			\$	\$	
Click to select			\$	\$	
Click to select			\$	\$	
Click to select			\$	\$	
Click to select			\$	\$	

OUTREACH CONTACT LOG (LIST BOTH CERTIFIED AND NON-CERTIFIED FIRMS)

Contractor Name	Cert Type DMWESB or Not Certified	Type of Work	Date of 1 st Contact	Date of Follow- up Call	Plans to Bid?	Date Bid Received	Bid Accepted?	Reason Not Used	Bid Amount	Notes