



SUBCONTRACTOR CHANGE REQUEST FORM

BID NUMBER: _____ **CONTRACT NUMBER:** _____ **CONTRACT AMOUNT:** _____

CONTRACT TITLE: _____

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

PRIME COBID 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>COBID Certification Type</i>

2. What is the reason for the change?

3. What type of outreach was performed to select a COBID firm 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 COBID firm participation is _____ which is _____ % of the total contract (includes Prime Contractor, if applicable).

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

Chief Procurement Officer Signature, or designee

Date

