

DBE ADDITION/SUBSTITUTION/TERMINATION REQUEST FORM

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INSTRUCTIONS TO PRIME Contractor

1. Prime Contractor shall provide the COUNTY with the information requested below upon identification of an additional DBE not previously listed to perform under this Contract.
2. Prime Contractor shall provide written confirmation from the DBE, that it is participating in this Contract for a specified dollar value and specified work item(s) (a signed subcontract agreement may serve as written confirmation).
3. Any DBE substitutions or terminations require written justification from the prime Contractor and shall only be permitted for "good cause."
4. All requests for DBE additions/substitutions/terminations shall be in accordance with the Contract Specifications and are subject to prior written approval by the COUNTY.

Contract #:	Contract Name/Title:		
Prime Contractor:	Date of Contract Award:	Initial Contract \$ Value:	Current Contract \$ Value:
Name of Person Completing this Form:	Phone #: Email Address:	Email Address:	
Business Address, City, State and Zip:			
Please provide the following information for each proposed ADDITIONAL DBE:			
DBE Firm Name:		Proof of DBE certification attached? (REQUIRED) <input type="checkbox"/> YES	
Business Address, City, State and Zip:		Phone #:	
Contact Name:	Email Address:	Is the Additional DBE Replacing Another DBE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Summary of Proposed Scope of Work:			
Proposed DBE Subcontract Amount:	% of Current Prime Contract Value:	Type of Firm: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Broker <input type="checkbox"/> Regular Dealer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Trucker	
Please provide the following information for any DBE SUBSTITUTIONS/TERMINATIONS:			
Name of DBE to be Substituted/Terminated:		Type of Firm: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Broker <input type="checkbox"/> Regular Dealer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Trucker	
State Reason(s) for Substitution/Termination (attach all supporting documentation):			
Original DBE Subcontract Amount:	% of Current Prime Contract Value:	\$ Value Paid to Date:	
Prime Contractor Signature:			Date:

FOR COUNTY USE ONLY:

If NOT approved, state reason(s):

Reviewed by (PM):	Name: _____	Signature: _____	Date: _____
Reviewed by (CA):	Name: _____	Signature: _____	Date: _____
Approved by (DBELO):	Name: _____	Signature: _____	Date: _____