



## 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

**CONTACT LOG**

**FOR ADDITION OF FIRMS – List all MWESB firms contacted to bid on the added work.**

**FOR REPLACEMENT OR DELETION OF FIRM – Attach copy of email/fax from the affected firm, accepting the replacement/deletion.**

Contractor Name	MBE	WBE	ESB	Type of Work	Date of 1 <sup>st</sup> Contact	Date of Follow-up Call	Plans to Bid?	Date Bid Received	Bid Accepted?	Reason Not Used	Bid Amount	Notes