



**REQUEST FOR CHANGE OF ACDBE/DBE COMPLIANCE PLAN**

DATE: \_\_\_\_\_

CONTRACT NO.: \_\_\_\_\_ SOLICITATION NO. \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PRIME CONTRACTOR/CONSULTANT: \_\_\_\_\_

DBE SOLICITATION GOAL: \_\_\_\_\_% DBE PARTICIPATION: \_\_\_\_\_%

PROPOSED CHANGE:  ADDITION  DELETION  SUBSTITUTION  CONTRACT CHANGE  
 INCREASE EXISTING SUB CONTRACT  DECREASE EXISTING SUB CONTRACT

SUBCONTRACTOR/SUBCONSULTANT LEVEL:  1<sup>ST</sup> TIER  2<sup>ND</sup> TIER  3<sup>RD</sup> TIER

Name of Subcontractor: \_\_\_\_\_ DBE Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Vendor Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Proposed Change: \$ \_\_\_\_\_ AND % \_\_\_\_\_

Commodity Code and Brief Description of Work: \_\_\_\_\_

**REASON FOR REQUESTING CHANGE:** Attach supporting documentation as necessary.

*Note: If the request is a substitution, complete information for the firm being removed in the space above and the sub being added below.*

SUBCONTRACTOR/SUBCONSULTANT LEVEL:  1<sup>ST</sup> TIER  2<sup>ND</sup> TIER  3<sup>RD</sup> TIER

Name of Subcontractor: \_\_\_\_\_ DBE Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Vendor Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Proposed Change: \$ \_\_\_\_\_ AND % \_\_\_\_\_

Commodity Code and Brief Description of Work: \_\_\_\_\_

**REASON FOR REQUESTING CHANGE:** Attach supporting documentation as necessary.

I certify that the information included in this Request for Change of Compliance Plan is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Prime Consultant/Contractor Printed Name

\_\_\_\_\_  
Prime Consultant/Contractor Signature

\_\_\_\_\_  
Date

**DUPLICATE THIS PAGE AS NEEDED**

