

Disadvantaged Business Enterprise (DBE) Program DBE Identification Change Form

Substitution
 Additional DBE (Complete Section B Only)
 Line Change(s)

| | | |
|-------------------------------------|----------------|--------------------------|
| Project #: | County: | Contract Value: |
| Request Date: | | Prime Contractor: |
| Reason for requested change: | | |

SECTION A (If terminating original DBE firm – must complete a termination form and Section B of this form)

| List Previous Approved DBE: | | |
|------------------------------------|-------------------------|--------------------------------|
| Bid Item | Work Description | Committed Dollar Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total \$ | | |

SECTION B

| List Proposed/Additional DBE: | | |
|--------------------------------------|-------------------------|--------------------------------|
| Bid Item | Work Description | Committed Dollar Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total \$ | | |

Copy of proposed/additional DBE quote and any executed subcontract or purchase order must be submitted with this form.

| | | | |
|------------------------------|--------------|-----------------------------------------|--------------|
| Contractor Signature: | Date: | External Civil Rights Signature: | Date: |
|------------------------------|--------------|-----------------------------------------|--------------|

| | |
|------------------------------------------|----------------|
| <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Rejected | Reason: |