

Disadvantaged Business Enterprise (DBE) Program DBE Termination Request Form

Prior to submitting this form to MoDOT you must notify the DBE in writing of your intent and allow the DBE five (5) days to respond.

Project #:	County:	Contract Value:	
Request Date:			
Prime Contractor:			
Date Prime determined DBE unwilling, unable or ineligible:			
List Previous Approved DBE:			
Bid Item	Work Description	Committed Dollar Amount	Remaining Dollar Amount
Total \$			

Will termination/substitution result in a goal shortfall? Yes No **If so, how much?** _____

If yes, a DBE Change form must be submitted.

Reason(s) for termination. Check Appropriate Block.

- | | |
|--|--|
| <input type="checkbox"/> The listed DBE is no longer in business.
<input type="checkbox"/> The listed DBE requested removal.
<input type="checkbox"/> The listed DBE failed or refused to perform the contract or furnish the listed materials. | <input type="checkbox"/> The work performed by the listed DBE was unsatisfactory and was not in accordance with the scheduled plans and specifications.
<input type="checkbox"/> Other issues not listed: <div style="border: 1px solid black; width: 100%; height: 40px; display: inline-block;"></div> |
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Provide copies of all applicable documentation:

Letter from the prime contractor notifying the DBE of the termination, including reasons for the termination.

Letter from the DBE agreeing to be terminated on the project.

DBE letter of voluntary removal request.

DBE Substitution request (for goal shortfall only)

Any other supporting documents verifying the circumstances for termination.

Contractor Signature:	Date:	External Civil Rights Signature:	Date:
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Approved

Rejected **Reason:**

NOTE: Per 49 CFR 26.53(f)(1)(ii)(B), without an approved DBE termination request, the contractor shall not be entitled to any payment for work or material unless it is performed or supplied by the listed DBE.