



**EXPOSITION METRO LINE CONSTRUCTION AUTHORITY
REQUEST FOR SBE SUBCONTRACTOR/SUPPLIER SUBSTITUTION**

Substitution of subcontractors shall be in accordance with the Contract Specifications and the Small Business Program. If a listed or approved SBE Subcontractor is unable to perform the work in accordance with the Contract Specifications, the Prime Contractor/Consultant shall replace the Subcontractor/Supplier with another SBE Subcontractor, or make good faith efforts to do so in accordance with the Contract Specifications and the Authority's SBE Program. Such request for substitution is subject to approval by the Authority.

| | |
|---|-------------------------------------|
| Contract/Project No.: | Contract/Project Name: |
| Prime Contractor/Consultant: | |
| Business Address: | |
| Please Provide the Following Information for the Listed or Approved SBE Subcontractor: | |
| Subcontractor Name: | SB Certification No./Certified by: |
| Address: | |
| Contact Person: | Phone: |
| Description of work: | |
| Original Contract Value: | Current Contract Value: |
| Reason for Substitution: | |
| Prime Contractor to select either Option A or B to meet substitution requirements: | |
| A. Please provide the following information if Contractor/Consultant elects to substitute a SBE subcontractor with another SBE subcontractor. Please attach a copy of the firm's SBE Certificate (required). | |
| Subcontractor Name: | SBE Certification No./Certified by: |
| Address: | |
| Contact Person: | Phone: |
| Description of work: | |
| Bid Item Number(s)/Scope: | Proposed Subcontractor Bid Amount: |

B. Please provide Good Faith Efforts undertaken to replace the originally proposed SBE subcontractor with another SBE subcontractor by attaching supporting documentation.

I certify under penalty of perjury that the above information is complete and correct.

Contract Representative Signature

Title

Business Phone Number

Date

CONCURRENCE BY ORIGINALLY PROPOSED SBE FIRM:

Signature

Title

Print Name

Date

FOR AUTHORITY USE ONLY:

Date Request Received: _____ Date Letter Sent to Original SBE Subcontractor? Yes No

Approve Request for Additional SBE?: Yes No

If no, please state reason: _____

Reviewed by: _____ Title: _____

Signature: _____ Date: _____