

## REQUEST FOR CHANGE OF ACDBE/DBE COMPLIANCE PLAN

| DATE:   |   |
|---|---|
| CONTRACT NO.:   | SOLICITATION NO.  |
| PROJECT NAME:   |   |
| PRIME CONTRACTOR/CONSULTANT:                                |   |
| DBE SOLICITATION GOAL:%                                     | DBE PARTICIPATION:%   |
|   | ION □ SUBSTITUTION □ CONTRACT CHANGE SUB CONTRACT □ DECREASE EXISTING SUB CONTRACT        |
| SUBCONTRACTOR/SUBCONSULTANT LEVEL:                          |   |
| Name of Subcontractor:                                      | DBE Certified: Yes No   |
| Vendor Code:  |   |
| Contact Person:   | Phone No.: ()   |
| Proposed Change: \$ AND %_                                  |   |
| Commodity Code and Brief Description of Work:               |   |
| Note: If the request is a substitution, complete info       | ormation for the firm being removed in the space above and the sub being added below.     |
| SUBCONTRACTOR/SUBCONSULTANT LEVEL:                          |   |
|   | 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 s                      | upporting documentation as necessary.   |
|   |   |
| I certify that the information included in this Request for | or 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  Date  |

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## \*\* This page for City of Austin use only \*\*

| If <u>all</u> of the following requirements are met, the SMI Works and Purchasing Directors, and is automatic. SMBR: |   |          |  |  |
|--|---|----------|--|--|
| Change is for an existing certified subcontract  | or already listed in the Compliance Plan.                                 |          |  |  |
| Change is within the existing scope being per  | Change is within the existing scope being performed by the subcontractor. |          |  |  |
| Change is an increase in the contract amount   | for the subcontractor.  |          |  |  |
| Project Mgr. /Contract Administrator Approval  | <br>Date  |          |  |  |
| Project Manager Comments:  |   |          |  |  |
| Division Manager Approval  | <br>Date  |          |  |  |
| Division Manager Comments:   |   |          |  |  |
| Department Director Approval   | <br>Date  |          |  |  |
| Department Director Comments:  |   |          |  |  |
| SMBR Representative Signature  | <br>Date  |          |  |  |
| SMBR Representative Comments:  |   |          |  |  |
| I approve the requested change.  | I disapprove the requested change.  |          |  |  |
| Director, SMBR Date  | Director, SMBR  | <br>Date |  |  |
| SMBR Director Comments:  |   |          |  |  |

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