



**CITY OF CINCINNATI
SBE/M/WBE SUBCONTRACTOR SUBSTITUTION REQUEST
Bid Reference No. _____**

THIS FORM MUST BE APPROVED BY THE DEPARTMENT OF ECONOMIC INCUSION PRIOR TO TERMINATING A CONTRACT WITH A SMALL BUSINESS ENTERPRISE (SBE) OR DISADVANTAGED BUSINESS ENTERPRISE (DBE) AFTER THE BIDS OR PROPOSALS HAVE BEEN SUBMITTED OR CONTRACT HAS BEEN AWARDED. **CONTRACTOR MUST PROVIDE A WRITTEN EXPLANATION FOR THE SUBSITUTION REQUEST.** INFORMATION RECORDED HEREIN WILL BE INCORPORATED IN THE AWARDEES' CONTRACT.

Company Name: _____ **Project Name:** _____

Address: _____ **Date Submitted** _____

_____ will be substituted for _____ to perform work on
(Name of Subcontractor/Supplier) *(Name of Subcontractor/Supplier)*

Or supply goods for the above described contract.

_____ will enter into a formal agreement for the work upon approval by the Owner and agrees with
(Subcontractor/Supplier)

New Subcontractor/Supplier EIN#: _____ Circle Type of Business: SBE DBE MBE WBE NONE

Attach a copy of the reason for SBE, MBE or WBE substitution

ITEM NUMBER	DESCRIPTION OF WORK	SUBCONTRACT/P.O. PRICE	% OF TOTAL CONTRACT PRICE	START DATE	COMPLETION DATE
	<u>Total Value of Work</u>				

Prime/General Contractor:

Signature of Company Representative _____

Title: _____ **Date:** _____ **EIN#:** _____

Subcontractor/Supplier Replaced: I relinquish my quote for the above contract.

Signature of Company Representative _____

Title: _____ **Date:** _____ **EIN#:** _____

Request is Approved _____ Denied _____ _____ Date: _____ Authorized Signature: Economic Inclusion
