

**Post-Award Reduction Request (Form 2007)**

This form must be approved by the Department of Economic Inclusion for a post-award reduction of inclusion goals.

**Prime Contractor Information:**

Prime Contractor Name: \_\_\_\_\_  
 Contract Title: \_\_\_\_\_ Contract No.: \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reduction Request:**

Goal(s) set for this Contract: \_\_\_\_\_ (Goal Type #1): \_\_\_\_\_% and \_\_\_\_\_ (Goal Type #2 if applicable): \_\_\_\_\_%  
 Reduced Goal(s) Requested: \_\_\_\_\_ (Goal Type #1): \_\_\_\_\_% and \_\_\_\_\_ (Goal Type #2 if applicable): \_\_\_\_\_%

You must attach documentation of your good faith efforts to achieve the goal(s) including:

1. Did you attempt meet the original subcontractor utilization commitment with the subcontractors listed on the subcontractor utilization plan included with the contractor's bid or proposal? \_\_\_\_\_  
 \_\_\_\_\_ (Yes/No)
  - a. If "Yes", please attach a summary of why you were unable to use the subcontractor(s) listed on the subcontractor utilization plan included with your bid or proposal.
2. Did you make efforts to find a substitute to meet the original contract goal including written solicitations or correspondences made to attempt to find certified firms to replace the subcontractors listed on the subcontractor utilization plan included with the contractor's bid or proposal? \_\_\_\_\_  
 \_\_\_\_\_ (Yes/No)
  - a. If "Yes", please attach a sheet summarizing these efforts and include copies of any written solicitations or correspondences.
3. Did you make efforts to select portions of the contract scope to be performed by certified firms? \_\_\_\_\_  
 \_\_\_\_\_ (Yes/No)
  - a. If "Yes", attach a sheet detailing the scopes of work that you chose to seek subcontractors for and the scopes of work that you chose to self-perform.
4. Did you receive any bids from certified firms that you considered to be unacceptable? \_\_\_\_\_  
 \_\_\_\_\_ (Yes/No)
  - a. If "Yes", attach a sheet detailing each unacceptable subcontractor bid received including the names and contact information for each subcontractor, the basis of that conclusion that each bid was unacceptable, and whether the plans and specifications for the subcontractor scope of work were provided to the subcontractor.

**Signature:**

Prime Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

**DEI USE ONLY:**

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

DEI Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_