



**CITY OF CINCINNATI
PROFESSIONAL SERVICES
SUBCONTRACTOR APPROVAL & SUBSTITUTION REQUEST FORM**

PLEASE PRINT

Project/Program Name _____ Agreement # _____ Work Order # _____

REQUESTING CONTRACTOR

Requesting Contractor _____

Address _____

City _____

State _____

Zip _____

Contact Person _____

Phone No. _____

Email Address _____

SUBCONTRACTOR

New

Substitution

Subcontractor _____

Address _____

SBE ___ MBE ___ WBE ___

City _____

State _____

Zip _____

Contact Person _____

Phone No. _____

Email Address _____

Dollar amount for work to be performed by the subcontractor: \$ _____

Scope of work (attach sheet if additional space needed): _____

Estimated Starting Date: ____/____/____ Estimated Completion Date: ____/____/____

SIGNATURES

Requesting Contractor _____

Date _____

Federal Tax ID Number _____

Subcontractor _____

Date _____

Federal Tax ID Number _____

Subcontractor at time of original award (if substitution) _____

Date _____

Federal Tax ID Number _____

Department Director _____

Date _____

Director of Economic Inclusion _____

Date _____

Chief Procurement Officer _____

Date _____

City Manager _____

Date _____