

Request For Approval Of Change To Original Schedule Of Subcontractors

C.C.C. 3903.10 provides that a prime contractor / prime consultant may not terminate an approved MBE/WBE working on a City of Columbus contract without the prior written approval of the City of Columbus contracting department and the Office of Diversity and Inclusion ("ODI"). The Office of Diversity and Inclusion must be notified immediately, in writing, of a MBEs/WBEs inability or unwillingness to perform any or all of its work and the prime's intent to obtain a substitute MBE/WBE. Primes are required to make a good faith effort to replace a MBE/WBE that is unable to perform, with another MBE/WBE, to the extent necessary to achieve the MBE/WBE goal. The substitute MBE/WBE must be approved by the City of Columbus contracting department and the Office of Diversity and Inclusion.

Project Number:	Project Name:	Contracting Department Name:	
Prime Contractor Name:	Prime Contact Name:	Prime Contact Email:	
Name of Firm Being Replaced:	Dollar Value Committed To This Firm: \$	Value Of Work Performed To Date: \$	
Reason For Replacement:			
<input type="checkbox"/> Firm To Be Replaced Has Been Provided Notice		<input type="checkbox"/> Replacement Firm is MBE/WBE Certified	
Replacement Firm Name:			
Replacement Firm Contact Person Name:			
Address:	City, State, Zip:	Email:	
Description Of Type Of Work To Be Provided By Replacement Firm			
MBE/WBE Credit May Only Be Claimed For Types Of Work In Which The MBE/WBE Firm Is Certified To Perform. MBE/WBE Work Classification Eligibility Can Be Verified By Logging Onto The City of Columbus Certification Program Website at columbus.diversitycompliance.com			
Dollar Amount of Subcontract: \$	% of Total Contract Amount:	If the firm is acting as a supplier/regular dealer, calculate 60% of total value: \$	Subcontract Amount X .60: \$
CERTIFICATION OF AFFIDAVIT			
The above information is true and complete to the best of my knowledge and belief. I further understand and agree that this certification shall become a part of my contract with the City of Columbus.			
Replacement Firm Authorized Signature X	Title	Date	
Prime Contractor/Consultant Authorized Signature X	Title	Date	
Printed Name of City Department Authorized Designee & Date X	Signature of City Department Authorized Designee Approved X	Signature of City Department Authorized Designee Not Approved X	
Printed Name of Office of Diversity and Inclusion Authorized Designee & Date X	Signature of Office of Diversity and Inclusion Authorized Designee Approved X	Signature of Office of Diversity and Inclusion Authorized Designee Not Approved X	