

CITY OF COLUMBUS –
SUBCONTRACTOR CHANGE REQUEST FORM

City Code Section 329 requires a contractor to obtain written consent from the director or designee of the contracting agency prior to subletting, selling, transferring, assigning, or otherwise relinquishing any rights, title, or interest in the work to any subcontractor not listed in the bid submittal or contract. The director or designee must, within a reasonable time, approve or disapprove a contractor's request. The decision shall be final. The contractor may seek the aforementioned written consent for reasons including, but not limited to, the following:

- (1) After reasonable opportunity to do so, the subcontractor fails or refuses to execute a written contract for the scope of work specified in the bid and at the price specified in the bid;
- (2) The subcontractor becomes insolvent or the subject of an order for relief in bankruptcy;
- (3) The subcontractor fails or refuses to meet the requisite licensing or bonding set before bid submittal;
- (4) The contractor demonstrates to the contracting agency that the name of the subcontractor was listed as the result of an inadvertent clerical error;
- (5) The subcontractor fails or refuses to perform its subcontract after reasonable opportunity to do so; or
- (6) The contractor determines that additional specialty work not reasonably anticipated in the bid must be performed by subcontract.

Note: Per CMS Section 103.09(C), the contractor shall provide the City with copies of each subcontractor's current Workers' Compensation certificate. Attach Workers' Compensation Form for proposed subcontractor to this form.

Use the following form to meet the above-referenced code and CMS requirements.

SUBCONTRACTOR CHANGE REQUEST FORM*

Project CIP#:	Project Name:		
ORIGINAL SUBCONTRACTOR:			
\$ AMOUNT OF ORIGINAL SUBCONTRACTOR:			
% OF CONTRACT AMOUNT:			
PROPOSED NEW SUBCONTRACTOR:			
NEW SUBCONTRACTOR'S FEDERAL TAX ID #?			
IS THIS SUBCONTRACTOR A LICENSED TRADE CONTRACTOR?	YES <input type="checkbox"/>	No <input type="checkbox"/>	
IF YES, NEW SUBCONTRACTOR <i>MUST</i> BE PRE-QUALIFIED. IS THE PROPOSED NEW SUB-CONTRACTOR PREQUALIFIED?	YES <input type="checkbox"/>	No <input type="checkbox"/>	
IS THE CONTRACT FUNDED BY A WSRLA or WPCLF (OPEA) LOAN? <i>IF YES, THEN ANSWER NEXT FOUR QUESTIONS. IF NO, THEN SKIP DOWN TO PRINCIPAL'S NAME FIELD</i>	YES <input type="checkbox"/>	No <input type="checkbox"/>	
IS THIS SUBCONTRACTOR A <i>CERTIFIED</i> DBE CONTRACTOR**? <small>The Prime Contractor is responsible for providing all DBE subcontractors with FORM 6100-2 DBE SUBCONTRACTOR ACTUAL PARTICIPATION FORM as specified in the OHIO AND U.S. EPA REQUIRED BID FORMS AND INSTRUCTIONS Section of the contract.</small>	YES <input type="checkbox"/>	No <input type="checkbox"/>	
DBE CERTIFIED BY: <i>PLEASE PROVIDE DOCUMENTATION OF DBE CERTIFICATION WITH THE SUBMISSION OF THIS SUBCONTRACTOR CHANGE FORM</i>	DOT <input type="checkbox"/>	SBA <input type="checkbox"/>	
	OTHER: _____		
NEW SUBCONTRACTOR'S DBE DESIGNATION?	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	
DOES THE USE OF THE PROPOSED NEW SUBCONTRACTOR CHANGE THE DBE PARTICIPATION RATE FOR THE PROJECT?	YES <input type="checkbox"/>	No <input type="checkbox"/>	
	If YES, explain: _____		
PRINCIPAL'S NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
PHONE NO.; EMAIL ADDRESS			
\$ AMOUNT FOR PROPOSED NEW SUBCONTRACTOR			
% OF CONTRACT AMOUNT			
SUBCONTRACTOR'S CURRENT WORKERS' COMPENSATION CERTIFICATE ATTACHED?	YES <input type="checkbox"/>	No <input type="checkbox"/>	

Reason for requested change:

* Submit one copy of form per change request.

**A DBE Contractor is a Disadvantaged, Minority, or Woman Business Enterprise that has been certified by an entity from which EPA accepts certifications as described in 40 CFR 33.204-33.205 or certified by EPA. EPA accepts certifications from entities that meet or exceed EPA certification standards as described in 40 CFR 33.202

Approved

Not Approved

DIRECTOR'S SIGNATURE: _____
(or designee)

DATE: _____

END OF DOCUMENT