

Form MBE – 03 Subcontractor Change Form**Contracting Agency: SLHA****Project Name:** _____**Name of Prime Contractor:** _____

In accordance with the Minority and Women-owned Business Enterprise Program, when substituting or adding a subcontractor or supplier on SLHA projects, the Subcontractor Change Form shall be used. All changes to the original list of approved subcontractors or suppliers shall be submitted to the Project Manager. The SLHA Office shall review and provide written approval prior to the use of any substitute subcontractor and/or supplier on a project. Contractors shall make a good faith effort to replace M/WBE subcontractors or suppliers unable to perform on the project with another certified M/WBE firm.

TYPE: ☐ **Substitution** *Complete lines 1 – 8.* ☐ **Addition** *Complete lines 5 – 8.*

1. Name of the subcontractor/supplier being replaced: _____
 Contact Person: _____ Phone No.: _____
 ☐ MBE ☐ WBE ☐ Non M/WBE
2. Amount allocated to the original subcontractor/supplier: \$ _____
3. Type of work to be performed/material to be supplied: _____
4. Work/material that was completed/supplied by the subcontractor/supplier: _____ % \$ _____
5. Name of subcontractor/supplier being approved: _____
 Address: _____ Federal ID: _____
 Contact Person: _____ Phone No.: _____
 ☐ MBE ☐ WBE ☐ Non-M/WBE
6. Dollar Amount of subcontract: \$ _____
7. Reason for substitution/addition is stated as follows: _____

8. Document the efforts made to utilize a M/WBE to perform the work/supply the required materials (Attach separate sheet if necessary): _____

This form should be completed and submitted to the Project Manager when a subcontractor or supplier is being substituted or added. The same criterion used for establishing good faith efforts in maximizing the participation of M/WBEs prior to awarding

Attachments MUST be submitted with this form:	<input type="checkbox"/> Notice of Intent to Perform as a Subcontractor
	<input type="checkbox"/> Evidence of Insurance
Prime Contractor Name: _____	By: _____
Title: _____	Date: _____
Reviewed By: _____	Date: _____
<i>Contracting Officer</i>	

Contract No. _____

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this contract will also apply to the substitution of M/WBE subcontractors or suppliers during the performance of the contract.

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	<input type="checkbox"/> Evidence of Insurance
Prime Contractor Name: _____	By: _____
Title: _____	Date: _____
Reviewed By: _____	Date: _____
<i>Contracting Officer</i>	