



## MFHBE/DBE SUBCONTRACTOR - SUBSTITUTION NOTIFICATION

BID OR PROPOSAL #:

Name of Prime Contractor:			
Project Name:			
Original Bid Amount:			
Actual Contract Amount:			
Original MFHBE/DBE Subcontractor:		MFHBE or DBE	
Original Subcontract Amount on GFE-1:		% of Original Bid	
Division(s) of Work	Subcontract Amount	% of Prime Contract	Start Date
	\$		
New Subcontractor:			MFHBE or DBE
Division(s) of Work	Subcontract Amount	% of Prime Contract	Estimated Start Date
	\$		
Reasons for Substitution:			
<input type="checkbox"/> Subcontractor refused to execute subcontract			
<input type="checkbox"/> Subcontract is bankrupt or insolvent			
<input type="checkbox"/> Subcontractor failed to meet bonding requirements			
<input type="checkbox"/> Subcontractor was listed as the result of an inadvertent clerical error			
<input type="checkbox"/> Subcontractor is substantially unsatisfactory and and not in substantial compliance with the plans and specifications, or that the Subcontractor is substantially delaying or disrupting the progress of the work			
<input type="checkbox"/> Other: _____			

X

Signature of Prime Contractor Representative

Date

X

Signature of Metro Department Project Manager

Date

X

\*\*Signature of Human Relations Commission Director\*\*

Date

NOTE: If you are not replacing the MFHBE with another MFHBE, submit completed GFE1 & 2 and its supporting documentation along with this form. DBE must be substituted with another DBE.

*\*\*MFHBE/DBE Substitution must be approved by the Executive Director of Human Relations Commission \*\**