



**CITY OF DALLAS  
CHANGE OF M/WBE SUBCONTRACTOR/SUPPLIER FORM**

**(Note: Please use the Tab button, mouse or arrows to move from one section to the next. Please DO NOT use the "Enter" key.)**

| Prime Contractor: _____ Officer's Signature: _____  |            |                                 |             |                          |
|---|------------|---------------------------------|-------------|--------------------------|
| Address: _____<br>_____   |            | Telephone: _____ - - Ext. _____ |             |                          |
| Project Name: _____   |            | Bid # : _____                   | Date: _____ |                          |
| Project Manager Approval: _____   |            |                                 |             |                          |
| BID Compliance Approval: _____  |            |                                 |             |                          |
| Current Subcontractor: _____ Certification #: _____   |            |                                 |             |                          |
| Scope of Work: _____  |            |                                 |             |                          |
| Please indicate reason for change by checking one or more of the following boxes:                   |            |                                 |             |                          |
| <input type="checkbox"/> Increase or Decrease in the Scope of Work                                  |            |                                 |             |                          |
| <input type="checkbox"/> Poor performance by the subcontractor, sub-consultant, vendor, or supplier |            |                                 |             |                          |
| <input type="checkbox"/> Subcontractor is unable or unwilling to perform the work                   |            |                                 |             |                          |
| <input type="checkbox"/> Subcontractor does not have the equipment or workforce to perform the work |            |                                 |             |                          |
| <input type="checkbox"/> Other (please explain): _____  |            |                                 |             |                          |
| Date Subcontractor Notified of Change: _____  |            |                                 |             |                          |
| Representative that notified Subcontractor: _____   |            |                                 |             |                          |
| Original Amount (\$)  | % of Total | Revised Amount (\$)             | % of Change | Net Effect on Total (\$) |
|   |            |                                 |             |                          |
|   |            |                                 |             |                          |
|   |            |                                 |             |                          |

**Next steps:**

- 1. E-mail this completed form prior to execution of any changes to City of Dallas Business Inclusion and Development Staff at [gfe@dallascityhall.com](mailto:gfe@dallascityhall.com) and Project manager for their signature and final approval.**

**Failure to comply with this provision could result in termination of the contract, sanctions against the prime contractor, and/or ineligibility for future City contracts.**