

**Metropolitan Sewer District of Greater Cincinnati
SUBCONTRACTOR SUBSTITUTION**



Project ID No. _____ Contract No. _____

This form must be completed and submitted to the MSD SBE Manager prior to terminating the contract of a Small Business Enterprise after the bids have been submitted or contract has been awarded. Information recorded herein will be incorporated in the awardees' contract.

Company Name: _____

Project Name: _____

Address: _____ **Date Submitted** _____

_____ will be used in place of _____ to
(new subcontractor) (current subcontractor or subcontractor named in bid)
perform work on above project.

Name of Subcontractor/Supplier and Contract Amount: _____

Briefly identify reason for substitution below:

_____ will enter into a formal agreement with the prime contractor for the work upon
Name of New Subcontractor/Supplier
approval by the **MSDGC SBE Manager**.

DESCRIPTION OF WORK	SUBCONTRACT/P.O. PRICE	% OF TOTAL CONTRACT PRICE	START DATE	COMPLETION DATE
<u>Total Value of Work</u>				

Subcontractor/Supplier Currently Under Contract:

Please explain the reason for substitution and *whether you are or are not in agreement* with the subcontractor/supplier substitution.

Signature of Subcontractor Currently Under Contract
(or Subcontractor included in Bid Document)

Date

Email Address

Telephone Number

.....
New Subcontractor:

Signature of Company Representative

Federal Tax ID Number

Title

Date

Email Address

Telephone Number

.....
Prime/Contractor:

I certify that the above information is true to the best of my knowledge.

Signature of Company Representative

Federal Tax ID Number

Title

Date

Email Address

Telephone Number

For Official Use by MSD SBE Section.

Comments: _____

Approved

Denied

Signature _____ Date _____