



Request for Subcontractor Removal/Substitution DBE/LSBOP Program

Prior to submitting this form to the Compliance Department you must notify the DBE/LSBOP in writing of your intent and allow the DBE/LSBOP five (5) days to respond.

Request Date:	Contract/Project #		
Contract Value:	DBE/LSBOP Contract Amount:	Amount Paid to DBE/LSBOP:	
Prime Contractor Name:			
Prime Contractor Address:			
Prime Contact Name & Email:		Prime Contact Phone:	
Name of DBE/LSBOP Firm:		DBE/LSBOP Contact Name:	
DBE/LSBOP Firm Address:		DBE/LSBOP Contact Phone:	

Was DBE/LSBOP firm given five (5) days written notice of intent? Yes or No If yes, please attach written notice.

Will the DBE/LSBOP goal for the project still be met? Yes or No or N/A

Reason(s) for removal/substitution. **Check all that apply**

The listed DBE/LSBOP is no longer in business.

The listed DBE/LSBOP requested removal.

The listed DBE/LSBOP failed or refused to perform under the terms of the contract or failed to furnish the listed materials.

The work performed by the listed DBE/LSBOP was unsatisfactory and was not in accordance with the scheduled specifications.

Name/Address of Substitution Contractor:	Is the substituted contractor a DBE/LSBOP? <input type="checkbox"/> Yes or <input type="checkbox"/> No
Fully describe the type of work the substitute subcontractor will perform:	

Prime Authorized Signature:	Date:
<i>This section for Compliance Department Only</i>	
Approved <input type="checkbox"/>	Rejected <input type="checkbox"/> Reason for rejection:
DBE/LSBOP Authorized Signature:	Date:

This form should be completed and submitted (with all required documentation) to:

City of Augusta Compliance Department
ATTN: DBE/LSBOP Section
535 Telfair Street, Suite 530 Augusta, GA 30901