SBE PROGRAM – CONTRACT COMPLIANCE

SUBCONTRACTOR SUBSTITUTION REQUEST & APPROVAL FORM

Part I	**Project Name:**	**Project #:**	**Date:**

Part II	**Requesting Prime Contractor Information:**				
Prime Contractor/Requesting Company Name:			Contact Person:		Title:
Mailing Address:			Email Address:		Phone #:

Part III	**SBE Subcontractor Information:**				
SBE	**(NEW)**				
	1.	**YES** ◯	**NO** ◯	Explain in detail the reason for **NEW SBE** subcontractor being added to the project:	
	2.	**YES** ◯	**NO** ◯	Explain in detail the reason for **NEW SBE** subcontractor being added to the project:	
	(SUBSTITUTION)				
	1.	**YES** ◯	**NO** ◯	Explain in detail the reason for **SUBSTITUTED SBE** subcontractor being added to the project:	
	2.	**YES** ◯	**NO** ◯	Explain in detail the reason for **SUBSTITUTED SBE** subcontractor being added to the project:	

(NEW) SBE Subcontractor(s) Names:	**SBE Scope of Work(s):**	**SBE Subcontract Amount: $**
1.		
2.		

(SUBSTITUTED) SBE Subcontractor(s) Names:	**SBE Scope of Work(s):**	**SBE Subcontract Amount: $**
1.		
2.		

Part IV	**Signatures: Prime Contractor/Requestor**			**Date:**
	SBE Subcontractor			**Date:**
	MSD OFFICE USE ONLY: Economic Inclusion Program Administrator			
	Approved:	**YES** ◯	**NO** ◯	**Reason not approved or comments**:

PLEASE NOTE: This is only applicable for if, when and after the MSD prime contractor is awarded. The Subcontractor Substitution Request and Approval Form must be completed in its entirety and approved by the Economic Inclusion Program Administrator before any subcontractor is authorized to begin work on an MSD project. **Instructions:** Email the form to the Economic Inclusion Program Administrator at SBEConstruction@louisvillemsd.org.