

CITY OF DALLAS Office of Economic Development – Business and Workforce Inclusion Change of M/WBE Subcontractor Form (BWI-FRM-216)

Prime Contractor:	Of	Officer's Signature:			
Address:			Telephone: Ext.		
Project Name:				Date:	
Project Manager Ap	pproval:				
Current Subcontractor:				Certification #:	
Scope of Work:					
Please indicate reas	son for char	ige by checking one or	more of the foll	lowing boxes:	
☐ Poor perform☐ Subcontractor	nance by the or is unable or or does not h	the Scope of Work subcontractor, sub-color unwilling to perform have the equipment or v	the work		
Date Subcontractor	Notified of	Change:			
Original Amount (\$)	% of Total	Revised Amount (\$)	% of Change	Net Effect on Total (\$)	

Next steps:

1. <u>E-mail this completed form prior to execution of any changes to City of Dallas Office of Economic Development Business and Workforce Inclusion Staff and Project manager for their signature and final approval.</u>

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.

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