



Request For Approval Of Change To Original Schedule Of Subcontractors

49 CFR 26.53 provides that a prime may not terminate for convenience an approved DBE/DBP working on a contract. CRAA must be notified immediately of a DBEs/DBPs inability or unwillingness to perform any or all of its work and the Prime's intent to obtain a substitute DBE/DBP. Primes are required to make a good faith effort to replace a DBE/DBP that is unable to perform, with another DBE/DBP, to the extent necessary to achieve the DBE/DBP goal. The substitute DBE/DBP must be approved by CRAA's Business Diversity and Planning & Engineering Divisions.

The replacement DBE/DBP cannot work on the contract until its work eligibility has been confirmed and approved by the CRAA. No additional and/or substitute subcontractor/supplier shall begin work on the project until contractor receives written approval from the CRAA.

NOTE: This form is to be used to change/ replace any subcontractor from the original proposal/ bid for the project, whether DBE/ DBP or not. ALL original subcontractor changes must be approved by CRAA.

Project No.	Project Name		
Prime Contractor Name	Prime Contact Name	Prime Contact Email	
Name of Firm Being Replaced	Dollar Value Committed To This Firm	Value Of Work Performed To Date	
Reason For Replacement:			
<input type="checkbox"/> Firm Has Been Provided 5 Days' Notice <input type="checkbox"/> Replacement Firm is DBE/DBP Certified			
Replacement Firm Name			
Replacement Firm Contact Person Name			
Address	City, State, Zip	Email	
Description Of Type Of Work To Be Provided By Replacement Firm			
DBE/ DBP Credit May Only Be Claimed For Types Of Work In Which The DBE/ DBP Firm Is Certified To Perform . DBE/ DBP Work Classification Eligibility Can Be Verified By Logging Onto The Ohio Unified Certification Program (OH UCP) Website at www.ohioucp.org			
Dollar Amount of Subcontract \$	% of Total Contract Amount	If the firm is acting as a supplier/regular dealer, calculate 60% of total value:	\$ Subcontract Amount X .60
CERTIFICATION OF AFFIDAVIT			
The above information is true and complete to the best of my knowledge and belief. I further understand and agree that this certification shall become a part of my contract with the Columbus Regional Airport Authority.			
Replacement Firm Authorized Signature X	Title	Date	
Prime Contractor/Consultant Authorized Signature X	Title	Date	
CRAA PM Authorized Signature & Date X	Approved	Not Approved	
Business Diversity Authorized Signature & Date X	Approved	Not Approved	