

## REQUEST FOR CHANGE OF COMPLIANCE PLAN

Request for Change of Compliance Plan forms must follow the requirements as outlined in the City's MBE/WBE Procurement Program Ordinance Section 2-9(A-D)-23 and Section 11 of the Program Rules.

Date:	Contract No.:
Solicitation No.:	Project Name:
Prime Contractor/Consultant:	

Proposed Change:  Addition       Deletion       Substitution (*sub removed*)       Contract Change

Subcontractor/Subconsultant Level:     1<sup>st</sup> Tier       2<sup>nd</sup> Tier       3<sup>rd</sup> Tier

**Note: If the request is a substitution, complete information for the firm being removed in the space above and sub being added below.**

Name of Subconsultant/Subcontractor:		
Vendor Code:	Ethnic/Gender Code: <input type="checkbox"/> AA <input type="checkbox"/> HIS <input type="checkbox"/> A/NA <input type="checkbox"/> WBE <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Minority	City of Austin Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person:	Phone No.:	
Email Address:	Fax No.:	
Subcontractor's Original Amount (\$):	Proposed Change +/- (\$):	Change (%):
Commodity Code & Brief Description of Work:		
Reason for Requesting Change: (Attach supporting documentation as necessary):		

Proposed Change:  Addition       Deletion       Substitution (*sub removed*)       Contract Change

Subcontractor/Subconsultant Level:     1<sup>st</sup> Tier       2<sup>nd</sup> Tier       3<sup>rd</sup> Tier

Name of Subconsultant/Subcontractor:		
Vendor Code:	Ethnic/Gender Code: <input type="checkbox"/> AA <input type="checkbox"/> HIS <input type="checkbox"/> A/NA <input type="checkbox"/> WBE <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Minority	City of Austin Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person:	Phone No.:	
Email Address:	Fax No.:	
Subcontractor's Original Amount (\$):	Proposed Change +/- (\$):	Change (%):
Commodity Code & Brief Description of Work:		
Reason for Requesting Change: (Attach supporting documentation as necessary):		

**NOTE: Primes must submit a copy of your documentation regarding notice of changes to the subcontractor/subconsultant with this form.**

I certify that the information included in this Request for Change of Compliance Plan is true and complete to the best of my knowledge and belief.

Prime Printed Name: _____	Contact phone number: _____	Email Address: _____
Prime Signature: _____	Date: _____	

Please indicate the type of changes:

- Change is for an existing certified subcontractor/subconsultant already listed in the Compliance Plan.
- Change is within the existing scope being performed by the subcontractor/subconsultant.
- Change is for a new scope to be performed by the subcontractor/subconsultant. Good faith effort documents attached.
- Change is an increase or decrease in the contract amount for the subcontractor/subconsultant as result of COA change order or amendment.

**PROJECT MANAGER**

*Project Manager Signature required for all RFC submissions*

Is this request a result of a COA change order?  YES       NO      If yes, submit a copy of the change order with this RFC form to SMBR.

Did the prime submit Good Faith Effort documentation?  YES       NO      If no, prime must submit with this RFC form prior to submitting to SMBR.

If this RFC is based on change order or amendment reviewed by the Change Control Committee, was it approved?  Yes    No   Date: \_\_\_\_\_

Project Manager Comments: \_\_\_\_\_

Project Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Project Manager Supervisor/ Division Manager/Designee Signature**  
*Required only for RFC's related to deletions/reductions of scopes greater than 25% and escalated issues.*

Division Manager Comments: \_\_\_\_\_

Division Manager/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SMALL & MINORITY BUSINESS RESOURCES**

*Business Development Counselor (BDC) signature required for all RFC submissions*

- This RFC has been recommended for approval.       This RFC has not been recommended for approval.

Did a violation occur as a result of this RFC?  Yes    No

Addition Sub    Addition Scope    Deletion Sub    Deletion Scope

Substitution Sub    Substitution Scope    Changes > 25%    Changes < 25%

SMBR BDC Comments: \_\_\_\_\_

Approved Goal: MBE \_\_\_\_\_ % AA \_\_\_\_\_ % HIS \_\_\_\_\_ % A/NA \_\_\_\_\_ % WBE \_\_\_\_\_ % DBE \_\_\_\_\_ %

Participation after RFC: MBE \_\_\_\_\_ % AA \_\_\_\_\_ % HIS \_\_\_\_\_ % A/NA \_\_\_\_\_ % WBE \_\_\_\_\_ % DBE \_\_\_\_\_ %

SMBR BDC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Senior Business Development Counselor**  
*Authorized approval for additions and change orders less than 25% and no violation occurrence.*

- I approve the recommended change.       I disapprove the recommended change.

SMBR Senior BDC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Director/Designee Signature**  
*Required for RFC's related to all substitutions, deletions/reductions of scopes greater than 25%, escalated issues and violation occurrences.*

- I approve the recommended change.       I disapprove the recommended change.

SMBR Director/Designee Comments: \_\_\_\_\_

SMBR Director/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTRACT AWARDING AUTHORITY**

*Modification to the MBE/WBE Compliance Plan approved in the above RFC is hereby made a part of the contract as authorized by the signature below.*

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If all of the following requirements are met, the SMBR Department Director's prior written approval is on file with the Public Works, Purchasing, Capital Contracting Office, and SMBR departments. Project Manager should sign the form, obtain required signature prior to sending a copy directly to SMBR.