| City SBO Office Use |
| Date Received: _____ |
| Time Received: _____ |

IMPORTANT NOTICE TO CONTRACTORS: The prime contractor **may not** change LDBE firms without **prior** written approval of the City's Office of Business Opportunity. Changes **cannot** be approved by other City of Savannah personnel**.** All requests for LDBE substitutions must be made in writing, must include an explanation for the requested change, and must have supporting documentation. Additionally, all requested changes must continue to meet LDBE goals, conform to contract regulations, utilize certified LDBEs and meet LDBE program requirements. **Any unauthorized substitution of LDBE subcontractors may result in withholding of payment to the prime contractor for up to 30 days until compliance is reestablished.**

Project Name: _____ CIP Number: _____

Prime Contractor/Consultant Name: _____

Address: _____ Telephone: _____

Prime Contractor/Consultant - Designee's Signature: _____ Date: _____

Position/Title: _____

APPROVED SCHEDULE OF LDBE PARTICIPATION (Section 01310) *(List certified LDBEs that were approved per contract.)*		Proposed Change?	PROPOSED ADDITIONS OR CHANGES TO LDBE PARTICIPATION *(Complete only for rows where "Proposed Change" is marked "Yes".)*		
LDBE Subcontractor Name	**Estimated Subcontract Value**		**LDBE Subcontractor Name**	**Estimated Subcontract Value**	**Certified LDBE? Y/N**
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			

Provide a detailed explanation to justify any proposed changes noted in the table above. The explanation must provide a legitimate business-related reason for changing the approved LDBE plan. (Attach additional sheets if needed.)
_____
_____
_____
_____

Project Manager

_____ Concerns noted regarding proposed change   _____ No concerns noted regarding proposed change

Project Manager Signature: _____

Date: _____

Office of Business Opportunity

_____ Change Approved   _____ Change Denied

If denied, enter explanation: _____

_____

_____

_____

_____

_____

Signature of Office of Business Opportunity Representative: _____

Printed Name of Office of Business Opportunity Representative: _____

Date: _____

Copy: Prime Contractor, Project Manager, Contract Analyst and Office of Business Opportunity (project file)

END OF SECTION 01438