



**DO NOT RECREATE OR CHANGE THIS DOCUMENT**

This form will be utilized when a contractor seeks to **terminate** a DBE subcontractor and **substitute** for another DBE that is being used for DBE goal credit on an USDOT (i.e., FTA) federal-aid project. If the contractor intends to terminate the DBE in whole or in part, the contractor must receive approval from CapMetro prior to submitting this form. The Schedule C & Intent to Perform must also be completed in its entirety and submitted with this form.

**This document will be completed for each DBE being terminated.**

I. Intent to Terminate & Substitute			
Does your company intend to terminate a DBE Subcontractor?    Yes            No			
Does your company intend to substitute the current DBE subcontractor with another DBE subcontractor?    Yes            No			
<i>If not terminating a DBE and this is a partial substitution, skip the termination section and complete the substitution section.</i>			
II. Contract Information			
Prime Company Name:			
Contract#:	Contract Name:	DBE Goal:	%

**TERMINATION SECTION:**

III. DBE Subcontractor Information	
DBE Company:	DBE Commitment Amount & Percentage: \$ _____ , _____ %
IV. Notification to DBE	
The contractor must notify the DBE subcontractor in writing of its intent to terminate and the reason(s) for such termination. The notice must give the DBE subcontractor five (5) calendar days to respond to the notice and provide reasons, if any, why the DBE subcontractor objects to the proposed termination and why the contractor's request to terminate should not be approved.	
A notification was sent to the DBE subcontractor and copied the CapMetro DEI Liaison, Project Manager, and Contract Administrator:    Yes            No	
V. Good Cause Reason for Termination	
The contractor may request to terminate an approved committed DBE <b>only</b> if the contractor has good cause. Select the good cause reason(s) below. <i>Check all that apply.</i>	
The listed DBE subcontractor fails or refuses to execute a written contract.	
The listed DBE subcontractor fails or refuses to perform the work of its subcontract in a way consistent with normal industry standards.	
The listed DBE subcontractor fails or refuses to meet the contractor's reasonable, nondiscriminatory bond requirements.	
The listed DBE subcontractor becomes bankrupt, insolvent, or exhibits credit unworthiness.	
The listed DBE subcontractor is ineligible to work on public works projects because of suspension and debarment proceedings pursuant to 2 CFR Parts 180, 215 and 1,200 or applicable state law.	
CapMetro or the Contractor have determined that the listed DBE subcontractor is not a responsible contractor.	
The listed DBE subcontractor voluntarily withdraws from the project and provided you written notice of its withdrawal.	
The listed DBE is ineligible to receive DBE credit for the type of work required.	
A DBE owner dies or becomes disabled with the result that the listed DBE contractor is unable to complete its work on the contract.	

Other documented good cause (*e.g., de-scope of work due to contract modification*):  
(Go to next page to add comments.)

If needed, provide additional comments related to causes(s) selected above:

Did the contractor copy CapMetro on the notification sent to the DBE? *If so, provide documentation.* Yes      No

Did the DBE provide a response? *If so, provide documentation.* Yes      No

Will termination result in a goal shortfall? Yes      No      If yes, how much? \$ \_\_\_\_\_

**If the termination results in a goal shortfall the contractor must submit evidence of good faith efforts or Substitution Request within 7 days of receiving approval.**

## SUBSTITUTION SECTION:

### VI. DBE Substitution

The proposed DBE firm, if approved by CapMetro, **does not have to perform the same scope of work** as the previously approved DBE, but must be DBE certified in the appropriate NAICS code to perform the proposed work.

### VII. Substitution Explanation

Is this a complete or partial substitution of a previously approved DBE? Complete      Partial

Will your company be substituting for a DBE or Non-DBE? DBE      Non-DBE

***If Non-DBE, Good Faith Effort MUST be completed and submitted to CapMetro for approval, and if it results in a shortfall of the race-conscious goal.***

If partial, summarize the work remaining under the commitment and the total dollar amount:

Total Dollar Amount Remaining with Current DBE Subcontractor:\$

Summary of Work Remaining:

Shortfall amount due to approved termination: \$

*If the substitution results in a goal shortfall, the contractor must submit evidence of good faith efforts.*

Has the DBE subcontractor received payment for the work that was performed? Yes      No

Has final payment been made to the current DBE for the work or services performed? Yes      No

If yes: Payment Date:      Payment Amount: \$

If no, please explain:



Will you be self-performing the work and meet the race-conscious goal on the contract? Yes No Not Applicable  
If self-performing, indicate how you will perform the work using your own equipment, materials, supplies, or employees:

**VIII: New DBE Subcontractor**

The proposed DBE firm, if approved by CapMetro, ***does not have to perform the same scope of work*** as the previously approved DBE, but must be DBE certified in the appropriate NAICS code to perform the proposed work.

**Previously Approved DBE - (i.e., DBE being Terminated)**

DBE Name:

Work Paid to Date: \$

NAICS Code	Work Description	Committed \$ Amount	Remaining \$ Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total</b>		\$	\$

**Proposed DBE or Non-DBE**

Proposed Subcontractor is: Subcontractor/subconsultant      Trucking/Hauling Firm  
Regular Dealer (60% credit)      Manufacturer  
Distributor 40%      or (Fees or Commissions)

DBE Name:

Date DBE will begin work:

NAICS Code	Work Description	Committed \$ & %	
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
<b>Total</b>		\$	%

Include your printed name, title, signature, and date below. By signing this document, you are an authorized representative for the Prime Contractor on the Contract referenced above to affirm that all information included in this SBE Termination and Substitution Request is true.

Contractor Authorized Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

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



**FOR CAPMETRO USE ONLY**

**TERMINATION:**

Verified that a notice of Intent to Terminate the DBE was sent to DBE and CapMetro? **Yes**    **No**    **Not Applicable**

The DBE responded to the termination? **Yes**    **No**    **Not Applicable**

**DBE's response, if applicable:**

Verified DBE requested removal, if applicable, and documentation received? **Yes**    **No**    **Not Applicable**

Verified Good Cause Reason of Termination? **Yes**    **No**    **Not Applicable**

**SUBSTITUTION:**

Verified Prime Contractor submitted updated DBE Schedule C & Intent to Perform? **Yes**    **No**    **Not Applicable**

If the request resulted in a goal shortfall, did the contractor submit evidence of good faith efforts, (e.g. Post-Award GFE form)? **Yes**    **No**    **Not Applicable**

Verified Prime Contractor substitution of new DBE or Non-DBE? **Yes**    **No**    **Not Applicable**

Verified Prime Contractor will be assigning a different scope of work to the new DBE? **Yes**    **No**    **Not Applicable**

Verified Prime Contractor's intent to meet or not meet the current assigned DBE goal? **Yes**    **No**

**DECISION:**

**Approved**        **Not Approved**

**Reason(s) for Not Approved:**

**DBE Designee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_