

12.2024

The contractor will complete and submit the DBE Termination & Substitution Request form when there is a change to the Schedule C where the Prime Contractor intends to terminate or substitute a DBE for another DBE or non-DBE. Approval must be received from CapMetro prior to submitting this form.

<u>Reference Exhibit D, Section 13 (Termination or Substitution of DBE Subcontractors) and Section 5</u> (Demonstration of and Documentation of Good Faith Effort)

Disclaimer: If you are completing this as a result of an active contract or procurement, ensure that the purchaser, contract administrator, and/or project manager are copied.





Disadvantaged Business Enterprise (DBE) Termination & Substitution Request DDL 011 - 0003

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DO NOT RECREATE OR CHANGE THIS DOCUMENT

Request prior approval before beginning to complete this form. The form will be completed for each DBE

Step 1: Indicate your company's intent to terminate or substitute a DBE. Provide the contract information asked for in this section.

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 & S	Substitute	
Does your company intend	to terminate a DBE Subcontractor? Yes No	
Does your company intend	to substitute the current DBE subcontractor with anoth	er DBE subcontractor? Yes 🔲 No
If not terminating a DBE and	this is a partial substitution, skip the termination section	n and complete the substitution section.
-		
II. Contract Information Prime Company Name:		



TERMINATION SECTION:

III. DBE Subcontractor Information		
DBE Company:	DBE Commitment Amount & Percentage: \$, %
IV.Notification to DBE		
notice must give the DBE subcontract	ubcontractor in writing of its intent to terminate and the reason(s) for such to for five (5) calendar days to respond to the notice and provide reasons, if a posed termination and why the contractor's request to terminate should not	ny, why the
A notification was sent to the DBE sub	contractor and copied the CapMetro DEI Liaison,	
Project Manager, and Contract Admin		
V. Good Cause Reason for Termina	tion	
good cause reason(s) below. Check a	ate an approved committed DBE <u>only</u> if the contractor has good cause. Se all that apply. ils or refuses to execute a written contract.	lect the
The listed DBE subcontractor fai industry standards.	ils or refuses to perform the work of its subcontract in a way consistent with	h normal
The listed DBE subcontractor fai	ils or refuses to meet the contractor's reasonable, nondiscriminatory bond	requirements.
The listed DBE subcontractor be	ecomes bankrupt, insolvent, or exhibits credit unworthiness.	
	ineligible to work on public works projects because of suspension and deb Parts 180, 215 and 1,200 or applicable state law.	arment
CapMetro or the Contractor have	e determined that the listed DBE subcontractor is not a responsible contract	ctor.
The listed DBE subcontractor vo	oluntarily withdraws from the project and provided you written notice of its w	vithdrawal.
The listed DBE is ineligible to rea	ceive DBE credit for the type of work required.	
A DBE owner dies or becomes d	disabled with the result that the listed DBE contractor is unable to complete	its work on the

Step 2: Indicate the DBE company being terminated and their committed dollar and percentage.

Step 3: Indicate "Yes" or "No" if a notification was sent to the DBE and that appropriate CapMetro staff was copied.

Step 4: Check all that apply which demonstrates good cause for termination.

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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:
in needed, provide additional comments related to causes(s) science 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.

Step 5: Complete this section indicating:

• Other good cause;

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- Check "Yes" or "No" that notification to DBE was sent;
- Check "Yes" or "No" if the DBE submitted a response & submit documentation; and,
- Check "Yes" or "No" if the termination will result in a shortfall and the dollar amount of the shortfall.

If goal shortfall, evidence of good faith effort must be submitted.



SUBSTITUTION SECTION:

VI. DBE Substitution	
	proved by CapMetro, <u>does not have to perform the same scope of work</u> as the previously DBE certified in the appropriate NAICS code to perform the proposed work.
VII. Substitution Explanatio	n
Is this a complete or partial s	ubstitution of a previously approved DBE? Complete Partial
Will your company be substit	uting for a DBE or Non-DBE? DBE Non-DBE
If Non-DRE, Good Faith Effort MU	ST be completed and submitted to CapMetro for approval, and if it results in a shortfall of the race-consious goal.
If partial, summarize the wor	k remaining under the commitment and the total dollar amount:
Total Dollar Amount Remaini Summary of Work Remaining	ng with Current DBE Subcontractor:\$
Shortfall amount due to appro	oved termination: \$ goal shortfall, the contractor must submit evidence of good faith efforts.
	eceived payment for the work that was performed? Yes No
Has final payment been mad	e to the current DBE for the work or services performed? Yes No
If yes: Payment Date:	Payment Amount: \$
If no, please explain:	

Substituted DBE subcontractor doesn't have to perform the same scope but must meet the same percentage amount to meet or exceed the contract goal.

Step 6: Complete each section indicating substitution of work, shortfall amount, and work/payment remaining to DBE.

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Will you be self-performing the work and meet the race-consious 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:

or "No" if selfperforming the work and meeting the race-conscious goal on the contract. Provide explanation how your company will be utilizing its own resources to complete the work.

Step 7: Check "Yes"



VIII: New DBE	Subcontractor					
	DBE firm, if approved by CapMetro, does not have to perform to				viously	
	E, but must be DBE certified in the appropriate NAICS code to perform the second se	form t	the proposed work			
Previously Ap	proved DBE - (i.e., DBE being Terminated)					
DBE Name:						
Work Paid to Date: \$						
NAICS Code	Work Description	Committed \$ Amount Remaini		Remaining \$ Amount		2
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
	Total	\$		\$		
Proposed DB	E or Non-DBE					
Proposed Su	bcontractor is: Subcontractor/subconsultant Trucking/H	auling	Firm 🗌			
	Regular Dealer (60% credit) Manufactu					
	Distributor 40% or (Fees or Commissions					
DBE Name:						
Date DRE will	hogin work:					
NAICS Code	Il begin work: Work Description Committed \$ & %		0/			
NAICS COUE	work bescription	Work Description		S %		ſ
			¢		%	
			\$		%	
			2 6			
			\$		%	
\$ %						
		Total	\$		%	

Step 7: Complete this section for the terminated DBE.

Step 8: Complete this section for the new DBE or non-DBE.

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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: ____

Step 9: Complete this section providing your name, title signature, and date.

This document will be submitted to <u>dbe@capmetro.org</u> and copy the contract administrator, project manager.





Send an email to DBE@capmetro.org for assistance.





Thank you!