

**INSTRUCTIONS: SUBMIT ONE FORM FOR EACH BUSINESS THAT IS BEING
REMOVED OR ADDED AS PART OF THIS REQUEST FOR MODIFICATION
OF YOUR SUPPLIER UTILIZATION PLAN**

County Contract No.: _____

Contract Name: _____

Name of Awardee: _____ (“Prime Contractor”)

Name of Subcontractor: _____ (“Subcontractor”)

We/I certify that in the event this request for Modification of Supplier Utilization Plan is approved

Check One:

The subcontractor will be added to the plan

The subcontractor will be removed from the plan

Is the subcontractor SDDD certified or a Non-County based business (NCB)?
Please check all that apply: CBSB CBB CLB MBE NCB

Justification for adding or removing subcontractor:

PRIME CONTRACTOR

SUBCONTRACTOR

Vendor Name:

Vendor Name:

By:

By:

Signature

Signature

Name:

Name:

Print Name

Print Name

Title:

Title:

Date:

Date:

Contract No.:

Contract No.:

Email:

Email:

