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☐
CBSMBE☐ CBMBE☐

Justification for adding or removing subcontractor:

PRIME CONTRACTOR	SUBCONTRACTOR
Vendor Name:	Vendor Name:
By: Signature	By: Signature
Name: Print Name	Name: Print Name
Title:	Title:
Date:	Date:
Contract No.:	Contract No.:
Email:	Email:

PRINCE GEORGE'S COUNTY OFFICE OF
PROCUREMENT
CONTRACTING CERTIFICATIONS COMPLIANCE