

**ARIZONA DEPARTMENT OF TRANSPORTATION
PROFESSIONAL SERVICES
PROJECT SPECIFIC
DISADVANTAGED BUSINESS ENTERPRISE (DBE)
TERMINATION/SUBSTITUTION/REDUCTION (TSR) REQUEST**

Clear Form

Contract No.: _____ Project Name: _____

Prime Consultant: _____ DBE Firm: _____

Requestor: _____ Email: _____ Phone Number: _____

Type of request: ☐ Termination/Substitution ☐ Termination ☐ Substitution ☐ Reduction

1. Is this request due to an ADOT Change Order/Scope?

☐ Yes, explain below the Change Order/Scope impact on DBE participation.

☐ No, select below the fact(s) and the reason(s) for the request (see attached instructions). **DBE:**

☐ Fails or refuses to execute written contract

☐ Fails or refuses to perform work in accordance with normal industry standards

☐ Fails or refuses to meet prime contractor's reasonable, nondiscriminatory bond requirements

☐ Becomes bankrupt, insolvent or exhibits credit unworthiness

☐ Is ineligible to work because of suspension or debarment proceedings

☐ Is not a responsible contractor

☐ Voluntarily withdraws from the project and provides to the Department written notice of its withdrawal

☐ Is ineligible to receive DBE credit for the type of work required

☐ Owner dies or becomes disabled resulting in inability to complete its work on the contract

☐ DBE firm acquired by a Non-DBE firm

☐ Other documented good cause (Attach documentation)

Attach a brief statement of facts describing the situation and any documentation to substantiate selection above.

2. Date determined the DBE is unwilling, unable or ineligible to perform: _____

3. Date of Written Notice to DBE: _____ *Attach notice with this request, along with the DBE response.*

4. a. Original DBE award amount: _____ **b. Amount of work completed to date:** _____

5. Remaining DBE amount: _____

For DBE Substitution only, answer questions from 6 thru 8, if applicable:

6. Is the proposed replacement a Certified DBE?

☐ Yes, please provide new DBE Intendant Participation Affidavit Individual and updated DBE Affidavit Summary.

☐ No, provide Good Faith Effort (GFE) brief statement and documentation.

7. Proposed Sub Name (if applicable): _____

8. a. Projected date for Sub to commence work: _____ **b. Proposed DBE dollar amount to substituted:** _____

9. Is this project scheduled to meet the assessed DBE goal? ☐ Yes ☐ No

All signatures must be obtained before request is submitted.

Prime Consultant Signature **Date**

Original DBE Subconsultant Signature **Date**

ECS Contract PM/Specialist Signature **Date**

FOR SBWD USE ONLY

Request is: ☐ Approved ☐ Not Approved

SBWD Representative: _____

Signature: _____

Date: _____

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INSTRUCTIONS

THE CONSULTANT SHALL CONTACT THE DEPARTMENT WITHIN 24 HOURS FROM THE FIRST SIGN OF ANY REASON FOR POTENTIAL DBE TERMINATION/SUBSTITUTION OR REDUCTION OF WORK FOR A DBE LISTED ON THE DBE INTENDED PARTICIPATION AFFIDAVIT SUMMARY. THE CONSULTANT SHALL IDENTIFY THE SUBSTITUTE DBE WITHIN SEVEN (7) CALENDAR DAYS FROM THE DATE TERMINATION REQUEST IS APPROVED BY ADOT (SEE DBE SPECIAL PROVISIONS, SECTION-DBE TERMINATION/SUBSTITUTION)

Terms used on this form, contractor and subcontractor are synonymous with consultant and subconsultant respectively

Before submitting this form via email to ECS E2@azdot.gov and SBWD at PSContractManagement@azdot.gov, complete the following:

- Submit a written notice to the DBE with a copy sent concurrently to ECS Contract Project Manager and SBWD
- Allow the DBE a minimum of five days to respond to written notice
- Attach the DBE response with this form, as applicable
- Obtain all three signatures
- Revised DBE Affidavits
- GFE and supporting documentation to be submitted with this request or within 7 calendar days from approval of this request.

Guidance on completing the Form:

Type of Request: Mark the box that apply.

1. Reason for Request: Select Yes or No. If no, mark the box that apply
2. Enter date determined the DBE is unwilling, unable, or ineligible to perform work to count towards the contract's DBE Goal
3. Enter date DBE was notified in writing.
4. a. Enter total dollar amount from original DBE Affidavit submitted at time of proposal
b. Enter total dollar amount paid to date (if any)
5. Enter difference between 4 a. and 4 b. (This is the remaining dollar amount to meet the commitment)

For DBE Substitution only, answer questions from 6 thru 8, if applicable:

6. Is the proposed substitution/replacement a Certified DBE?
 - Yes, please provide new DBE Intendant Participation Affidavit Individual and updated DBE Affidavit Summary.
 - No, provide Good Faith Effort (GFE) brief statement and documentation.
7. Enter the name(s) of the DBE Subconsultant(s) used to substitute. In certain circumstances more than one DBE may be necessary to substitute the remaining dollar amount.

Examples:

- Existing DBEs on the project that are not on the affidavits at proposal time (not committed)
 - ☐ For work already performed or for work yet to be performed, DBE credit may be considered as long as the DBE is certified (NAICS) in that type of work being performed – Pending DBE Affidavit review
 - Additional work added to existing DBEs identified on the affidavit at proposal time (committed)
 - ☐ If DBE has additional work that is not included on the affidavit, DBE credit may be considered as long as the DBE is certified (NAICS) in that type of work being performed – Pending DBE Affidavit review
 - When adding new DBEs on the project, DBE credit may be considered as long as the DBE is certified (NAICS) in that type of work being performed – Pending DBE Affidavit review
8. a. Enter the date the substitute DBE is to start work
b. Enter the total amount proposed to be substituted. If more than one DBE is being used, combine the amount for each individual DBE and enter the total.
 9. Is this project scheduled to meet the assessed DBE Goal? Select Yes or No