CITY OF ST. LOUIS REQUEST FOR SUBSTITUTION / REQUEST FOR ADDITION CHANGE FORM

Project Name:		Contract #/Letting #:	
Name of Prime Contractor:		Total Contract Amount:	
the Am con	total dollar value of the original contract, the coerican, Asian American, Native American and	ork orders, or change orders are made that individually, ntractors shall make every effort to maintain the level or Nomen business enterprise participation as establishedess a substitution change form is submitted in writing f Business Opportunities.	f African American, Hispanic d in the original contract. No
1.	Name of subcontractor/supplier	being	
	Federal Tax ID #:		
	Contact Person Name & Phone Number:		
	Physical Address:		
	Certification Type:		
	Description of work:		
	Contract Amount \$:		
2.	Type of work performed and / or material sup	olied by subcontractor / supplier that is being replaced:	
3.	. The reason the original subcontractor / supplier is being replaced:		
4.	Document the efforts made to replace or add an African American, Hispanic American, Asian American, Native American, and Woman business enterprises to perform the work / supply the required materials (please attach additional sheets if necessary):		
Prir	ne Contractor Representative's Name (print)		
 Prir	me Contractor Representative's Signature		Date

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