



MIAMI-DADE COUNTY PUBLIC SCHOOLS

REQUEST FOR SUB-CONTRACTOR SUBSTITUTION

TO BE COMPLETED BY PRIME CONTRACTOR	
Project Name:	
Project Number:	
Name of Prime Contractor:	
Name & Signature of Principal:	
Name of Current Sub-Contractor:	
Sub-Contractor's Discipline (i.e. MEP, Roofing, etc.):	
Sub-Contractor's License # on file with MDCPS for the project:	
Sub-Contractor's minority certification(s) during the time of the project: <input type="checkbox"/> S/MBE <input type="checkbox"/> M/WBE <input type="checkbox"/> VBE	
If Sub-Contractor's participation counted towards the project goals, indicate %: <input style="width: 50px;" type="text"/>	
Proposed Sub-Contractor Information	
Name of proposed Sub-Contractor:	
Sub-Contractor's Discipline (i.e. MEP, Roofing, etc.):	
Sub-Contractor's License # (attach copy):	
Sub-Contractor's certification(s) for the project (attach copy of certificate(s)): <input type="checkbox"/> S/MBE <input type="checkbox"/> M/WBE <input type="checkbox"/> VBE	
If Sub-Contractor's participation will count towards the project's goals, indicate %: <input style="width: 50px;" type="text"/>	
FOR DISTRICT USE ONLY	
Office of School Facilities (OSF) Review	
Date request was received by OSF:	
Proposed new Sub-Contractor meets:	
1. Licensing requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Participation commitments, as per Award Board Item or Assignment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Has fully executed MOU or LOI with Prime contractor (original attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Requirements met:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If Yes, sign, date, and forward to Office of Economic Opportunity (OEO)	
If No, return to Prime contractor, copy OEO, and Building Official (BO)	
Signature of Project Manager:	
Signature of Region Director:	
Signature of Assistant Superintendent, Construction Management (ASCM):	
OFFICE OF ECONOMIC OPPORTUNITY VERIFICATION	
Proposed New Sub-Contractor Meets:	
1. Participation commitments, as per Award Board Item or Assignment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Has fully executed MOU or LOI with Prime (original attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Certifications valid and all pertinent back-up documentation on file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. New Sub-Contractor information entered into Online Compliance System for project	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Requirements met:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(If Yes, sign, date, and forward to ASCM)	
(If No, return to OSF, copy to Prime contractor)	
Signature of OEO Reviewer (Name and Title):	
Signature of OEO Officer:	
Signature of Final Disposition:	
PROVIDE COPY OF APPROVED SUBSTITUTION FORMS TO BUILDING OFFICIAL IMMEDIATELY UPON APPROVAL	

TO BE COMPLETED BY PRIME CONTRACTOR

Project No.: _____

CHECK ALL THAT APPLY AND ATTACH SUPPORTING DOCUMENTATION(S):

<input type="checkbox"/>	Current Sub-Contractor no longer in business and/or lost required licenses
<input type="checkbox"/>	Current Sub-Contractor refuses to complete work (Attach notarized affidavit from Sub-Contractor with reasons and release of Lien for amount of completed work)
<input type="checkbox"/>	Current Sub-Contractor no longer certified (S/MBE, M/WBE, and/or VBE) affecting mandatory participation goals or commitments (Attach copy of certificate(s) showing expiration date(s))
<input type="checkbox"/>	Other reason(s) (Please provide explanation below):
<input type="checkbox"/>	Proposed substitution will not increase dollar amount in GMP award for the Sub-Contractor's discipline (as per LOI and/or MOU)
<input type="checkbox"/>	Proposed substitution will decrease dollar amount in GMP award for the Sub-Contractor's discipline (as per LOI and/or MOU) and Prime will provide equivalent credit to School Board

Prime Contractor Signature

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by _____.

(NOTARY SEAL) _____
Signature of Notary

Name of Notary

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____