VIA Metropolitan Transit Disadvantaged Business Enterprise (DBE) Termination/Substitution Request Form

Notes: Prior to submitting this form to VIA, you must notify the DBE subcontractor in writing of your intent and allow the DBE five (5) days to respond.

Date of Request:						
Prime Contractor:						
Contract Number:	Contract Name:					
VIA Contracts Specialist:						
Date DBE was determined t	to be unwilling, unal	ole, or ineligible	:			
Name of Previous Approved DBE Subcontractor:			Name of Propose	ed Subcontractor:		
					•	
Scope of Work	Commitment Dollar Amount	Remaining Dollar Amount	Scope o	of Work	Dollar Amount	
			_			
	Total:			Total:		
Reason(s) for termination/su The listed DBE is n The listed DBE fail The work perform specifications. The listed DBE req Other reason not	no longer in business. led or refused to performed by the DBE was unquested removal.	form the contrac insatisfactory an	et or furnish the listed		ed plans and	
Prime Contractor Name	Signature	Signature		Date		
For Use by Office of Diversi ☐ Approved ☐ Denied	ity & Federal Compli		Signature	Date		
Attach a copy of the follo		er warne	Signature	Date		