

**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.

<b>Date of Request:</b>						
<b>Prime Contractor:</b>						
<b>Contract Number:</b>				<b>Contract Name:</b>		
<b>VIA Contracts Specialist:</b>						
<b>Date DBE was determined to be unwilling, unable, or ineligible:</b>						
<b>Name of Previous Approved DBE Subcontractor:</b>				<b>Name of Proposed Subcontractor:</b>		
<b>Bid Item</b>	<b>Work Description</b>	<b>Commitment Dollar Amount</b>	<b>Remaining Dollar Amount</b>	<b>Bid Item</b>	<b>Work Description</b>	<b>Dollar Amount</b>
<b>Total:</b>				<b>Total:</b>		

**Will termination/substitution result in a goal shortfall?**  Yes  No

If "Yes" is checked above, please identify the shortfall as a percentage: \_\_\_\_\_%

**Reason(s) for termination/substitution request. Check all applicable boxes below:**

- The listed DBE is no longer in business.
- The listed DBE failed or refused to perform the contract or furnish the listed materials.
- The work performed by the DBE was unsatisfactory and not in accordance with the scheduled plans and specifications.
- The listed DBE requested removal.
- Other reason not listed above. Please specify. \_\_\_\_\_

\_\_\_\_\_  
**Prime Contractor Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For Use by Office of Diversity & Federal Compliance:**

Approved  Denied

\_\_\_\_\_  
**DBE Liaison Officer Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Attach a copy of the following documents for the official file: Letter to Terminate, DBE Termination Agreement Statement or, if applicable, DBE Letter of Voluntary Removal Request, Documentation of Good Faith Efforts.