



Small Business Participation Plan (SBPP) Program Substitution Request

Prior to submitting this form to Memphis-Shelby County Airport Authority (MSCAA), you must have an approved Termination form signed by the DBELO. Without an approved SBPP termination request, a prime contractor shall not be entitled to any payment for work or material unless it is performed or supplied by the committed SBPP.

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| Project ID: | Contract Amount: | Goal: |
| Prime Contractor: | Requestor: | |
| Email: | Phone: | |
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| New Committed SBPP Firm: | | |
| Original Contract Amount: | Remaining Contract Amount: | |
| SBBP Type: | <input type="checkbox"/> Subcontractor/Subconsultant <input type="checkbox"/> Material Supplier (60% credit) | <input type="checkbox"/> Professional Services <input type="checkbox"/> Trucking/Hauling Firm |
| Scope of Work Description: | | |
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| APPLICABLE NAICS CODES | |
|------------------------|--------------|
| NAICS CODE: | DESCRIPTION: |
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| THIS SECTION MUST BE COMPLETED IF REQUESTING A SUBSTITUTION OR IF TERMINATION WILL RESULT IN GOAL SHORTFALL (does not apply if shortfall due to MSCAA Change Order) | | | |
| Proposed SBBP Substitute: | | | |
| Proposed SBBP type: | <input type="checkbox"/> Subcontractor/Subconsultant <input type="checkbox"/> Material Supplier (60% credit) | <input type="checkbox"/> Professional Services <input type="checkbox"/> Trucking/Hauling Firm | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor |
| Proposed Scope of Work: | | | |
| Is the substitution a certified SBPP? <input type="checkbox"/> Yes <input type="checkbox"/> No (must provide Good Faith Effort (GFE)) | | | |
| Projected date for SBPP substitute to commence work? | | | |

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| The undersigned acknowledges that they are authorized to submit this request as a representative of the stated prime contractor. | |
| Requestor Signature: | Date: |

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| For MSCAA Use Only | |
| Notice of Intent provided to Firm: <input type="checkbox"/> Yes (date sent _____) <input type="checkbox"/> No (must be sent to Firm 5 days prior to Request) | |
| All required documentation submitted with Request: <input type="checkbox"/> Yes <input type="checkbox"/> No (all documents must be submitted for review) | |
| Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason: |
| DBELO Signature: | Date: |