



## Small Business Participation Plan (SBPP) Termination Request

Prior to submitting this form to Memphis-Shelby County Airport Authority (MSCAA), you must notify the SBPP Firm in writing of your intent and allow the Firm five (5) days to respond. MSCAA must be copied on the notice to the firm. NOTE: The prime contractor may not submit a substitution request until after receiving an approved SBPP termination.

Project ID:	Contract Amount:	Goal:
Prime Contractor:	Requestor:	
Email:	Phone:	

Committed SBPP Firm:		
Original Contract Amount:		Remaining Contract Amount:
SBPP Type:	<input type="checkbox"/> Subcontractor/Subconsultant <input type="checkbox"/> Material Supplier (60% credit)	<input type="checkbox"/> Professional Services <input type="checkbox"/> Trucking/Hauling Firm
Manufacturer <input type="checkbox"/> Distributor		
Scope of Work Description:		
Has SBPP Firm been paid for completed work?		<input type="checkbox"/> Yes <input type="checkbox"/> No / Remaining amount owed:

Is this request due to an MSCAA Change Order?		<input type="checkbox"/> Yes (provide info and statement of impact on SBPP participation) <input type="checkbox"/> No (see below)
If NO above, select the reason for the request: ( <b>must attach a statement of facts and supporting documentation</b> )		
<input type="checkbox"/> SBPP Firm requests removal <input type="checkbox"/> SBBP Firm fails or refuses to perform work or furnish materials <input type="checkbox"/> SBPP Firm is not a responsible contractor <input type="checkbox"/> Owner died or becomes disabled resulting in the SBPP inability to complete the work on the contract		<input type="checkbox"/> SBPP Firm is ineligible to receive DBE credit for the type of work required <input type="checkbox"/> Work performed by SBPP Firm was unsatisfactory and not in accordance with plans and specifications <input type="checkbox"/> Other documented good cause
Date determined SBPP Firm unwilling, unable or ineligible:		
Will this request result in a SBPP goal shortfall:		<input type="checkbox"/> No <input type="checkbox"/> Yes / Shortfall Amt: (provide SBPP utilization summary)

### APPLICABLE NAICS CODES

NAICS CODES:	DESCRIPTION:

### SBPP Response

**The undersigned acknowledges that they are authorized to submit this request as a representative of the stated prime contractor.**

Requestor Signature:

Date:

**For MSCAA Use Only**

Notice of Intent provided to SBE:  Yes (date sent \_\_\_\_\_)  No (must be sent to SBE 5 days prior to Request)

All required documentation submitted with Request:  Yes  No (all documents must be submitted for review)

Request Approved:  Yes  No      Reason:

DBELO Signature:

Date: