

**INSTRUCTIONS: SUBMIT ONE FORM FOR EACH BUSINESS THAT IS BEING  
REMOVED OR ADDED AS PART OF THIS REQUEST FOR MODIFICATION  
OF YOUR SUPPLIER UTILIZATION PLAN**

County Contract No.: \_\_\_\_\_

Contract Name: \_\_\_\_\_

Name of Awardee: \_\_\_\_\_ (“Prime Contractor”)

Name of Subcontractor: \_\_\_\_\_ (“Subcontractor”)

We/I certify that in the event this request for Modification of Supplier Utilization Plan is approved

Check One:

The subcontractor will be added to the plan

The subcontractor will be removed from the plan

Is the subcontractor SDDD certified or a Non-County based business (NCB)?  
Please check all that apply: CBSB  CBB  CLB  MBE  NCB

Justification for adding or removing subcontractor:

**PRIME CONTRACTOR**

**SUBCONTRACTOR**

Vendor Name:

Vendor Name:

By:

By:

Signature

Signature

Name:

Name:

Print Name

Print Name

Title:

Title:

Date:

Date:

Contract No.:

Contract No.:

Email:

Email: