

**REQUEST FOR APPROVAL OF CHANGE
TO SCHEDULE OF SERVICE/WORK**

Contractor/Consultant Name: _____

Project #: _____ **Project Title:** _____

The listed contractor/consultant requests approval of the following addition(s) and or deletion(s) on the **SCHEDULE OF SERVICE/WORK**.

Add	Delete	Company Name	Scope of Service/Work	M/WBE Status	Dollar Amount

Justification [Explain reason for each change and Good Faith Efforts to obtain new contractor/consultant]

M/WBE Contact information

	Certified M/WBE Company Name	Certification No.	Contact Person	Phone Number	E-mail Address
1					
2					
3					

If none of the above were selected, state the reason: Not Lowest Price Not Best Qualified Not Best Value Other:

Signatures

Contractor/Consultant's Title:	Printed Name:	Signature:	Date:
DCCCD Contract Administrator	Printed Name:	Signature:	Date:
Business Diversity Department Director	Printed Name:	Signature:	Date:

NOTE: Attach a revised SCHEDULE OF SERVICE/WORK

Distribution: Original – Business Diversity Department

Questions: Business Diversity Department at 972.860.7903 or BusinessDiversity@dccd.edu