July 2023

Disadvantaged Business Enterprise (DBE) FORM 4
Substitution/Termination Request Form
405-521-3186

If the prime contractor seeks to terminate a DBE subcontractor on a federal-aid project, they must notify the DBE subcontractor in writing the intent to terminate and the reason. The request must give the DBE 5 calendar days to respond to the notice and provide any reasons, if any, why it objects to the proposed termination and why the prime contractor's request to terminate should not be approved. **If required in a particular case as a matter of public necessity (e.g., safety), the prime contractor may provide a response period shorter than five days.** For additional information see the following link: (https://oklahoma.gov/odot/business-center/contract-compliance/dbe/termination-replacement.html)

Prime Contractor: _____ Current Date: _____

Project No: _____ Job Piece: _____ Division: _____

Contract ID: _____ County: _____

Previous Approved Subcontractor: _____

Bid Item	Work Description	Dollar Amount Completed	Remaining Dollar Amount

Proposed Subcontractor: _____

☐ Subcontractor ☐ Supplier (60%) ☐ Manufacturer ☐ Trucking Firm

Bid Item	Work Description	Dollar Amount

Will termination result in a goal shortfall? ☐ No ☐ Yes If so, how much? _____

Reason(s) for substitution/termination?

☐ The listed DBE is no longer in business

☐ The listed DBE requested removal

☐ The listed DBE failed or refused to perform the contract or furnish the materials.

☐ The work performed by the listed DBE was unsatisfactory and was not in accordance with the plans and specifications

☐ Other documented good cause.
(Good cause does not exist if the prime contractor seeks to terminate a DBE it relied upon to obtain the contract so that the prime contractor can self-perform the work for which the DBE contractor was engaged or so that the prime contractor can substitute another DBE or non-DBE contractor after contract award.)

Note: Attach a copy of the prime's Intent to terminate/replace letter, supporting documentation and the DBE's response (if provided to the prime).

Contractor's Signature: _____ Date: _____

Division Manager, Contract Compliance

Date

☐ Approved ☐ Disapproved

State Construction Engineer, ODOT

Date

☐ Approved ☐ Disapproved