

CapMetro

# DBE Termination & Substitution Request

12.2024

# Code of Federal Regulations

## Code of Federal Regulations (CFR) Title 49, Subtitle A, Part 26

**Participation by Disadvantaged Business Enterprises in Department of  
Transportation Financial Assistance Programs**

**Funding Source – Federal Transit Administration**

**Triennial Goal – Attained through Good Faith Effort**

# Exhibit D

Exhibit D of a CapMetro Contracts/Procurements include the requirements of the forms that are addressed in this training, along with other DBE requirements.

**Please ensure to READ Exhibit D in its ENTIRETY.**

**If you are completing this form as a result of an active contract or procurement, ensure that the purchaser, contract administrator, and/or project manager are copied.**

# DBE Termination & Substitution Request

The contractor will complete and submit the DBE Termination & Substitution Request form when there is a change to the Schedule C where the Prime Contractor intends to terminate or substitute a DBE for another DBE or non-DBE. Approval must be received from CapMetro prior to submitting this form.

**Reference Exhibit D, Section 13 (Termination or Substitution of DBE Subcontractors) and Section 5 (Demonstration of and Documentation of Good Faith Effort)**

**Disclaimer: If you are completing this as a result of an active contract or procurement, ensure that the purchaser, contract administrator, and/or project manager are copied.**

# DBE Termination & Substitution Request



## Disadvantaged Business Enterprise (DBE) Termination & Substitution Request

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### DO NOT RECREATE OR CHANGE THIS DOCUMENT

This form will be utilized when a contractor seeks to **terminate** a DBE subcontractor and **substitute** for another DBE that is being used for DBE goal credit on an USDOT (i.e., FTA) federal-aid project. If the contractor intends to terminate the DBE in whole or in part, the contractor must receive approval from CapMetro prior to submitting this form. The Schedule C & Intent to Perform must also be completed in its entirety and submitted with this form.

This document will be completed for each DBE being terminated.

|  |                |           |   |
|--|----------------|-----------|---|
| <b>I. Intent to Terminate &amp; Substitute</b>   |                |           |   |
| Does your company intend to terminate a DBE Subcontractor?    Yes <input type="checkbox"/> No <input type="checkbox"/>   |                |           |   |
| Does your company intend to substitute the current DBE subcontractor with another DBE subcontractor?    Yes <input type="checkbox"/> No <input type="checkbox"/> |                |           |   |
| <i>If not terminating a DBE and this is a partial substitution, skip the termination section and complete the substitution section.</i>                          |                |           |   |
| <b>II. Contract Information</b>  |                |           |   |
| Prime Company Name:  |                |           |   |
| Contract#:   | Contract Name: | DBE Goal: | % |

Request prior approval before beginning to complete this form. The form will be completed for each DBE

**Step 1:** Indicate your company's intent to terminate or substitute a DBE. Provide the contract information asked for in this section.

# DBE Termination & Substitution Request

## TERMINATION SECTION:

| III. DBE Subcontractor Information   |  |
|--|--|
| DBE Company:   | DBE Commitment Amount & Percentage: \$ , % |
| IV. Notification to DBE  |  |
| The contractor must notify the DBE subcontractor in writing of its intent to terminate and the reason(s) for such termination. The notice must give the DBE subcontractor five (5) calendar days to respond to the notice and provide reasons, if any, why the DBE subcontractor objects to the proposed termination and why the contractor's request to terminate should not be approved. |  |
| A notification was sent to the DBE subcontractor and copied the CapMetro DEI Liaison, Project Manager, and Contract Administrator: Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| V. Good Cause Reason for Termination   |  |
| The contractor may request to terminate an approved committed DBE <u>only</u> if the contractor has good cause. Select the good cause reason(s) below. <i>Check all that apply.</i>  |  |
| <input type="checkbox"/> The listed DBE subcontractor fails or refuses to execute a written contract.  |  |
| <input type="checkbox"/> The listed DBE subcontractor fails or refuses to perform the work of its subcontract in a way consistent with normal industry standards.  |  |
| <input type="checkbox"/> The listed DBE subcontractor fails or refuses to meet the contractor's reasonable, nondiscriminatory bond requirements.   |  |
| <input type="checkbox"/> The listed DBE subcontractor becomes bankrupt, insolvent, or exhibits credit unworthiness.  |  |
| <input type="checkbox"/> The listed DBE subcontractor is ineligible to work on public works projects because of suspension and debarment proceedings pursuant to 2 CFR Parts 180, 215 and 1,200 or applicable state law.   |  |
| <input type="checkbox"/> CapMetro or the Contractor have determined that the listed DBE subcontractor is not a responsible contractor.   |  |
| <input type="checkbox"/> The listed DBE subcontractor voluntarily withdraws from the project and provided you written notice of its withdrawal.  |  |
| <input type="checkbox"/> The listed DBE is ineligible to receive DBE credit for the type of work required.   |  |
| <input type="checkbox"/> A DBE owner dies or becomes disabled with the result that the listed DBE contractor is unable to complete its work on the contract.   |  |

**Step 2:** Indicate the DBE company being terminated and their committed dollar and percentage.

**Step 3:** Indicate "Yes" or "No" if a notification was sent to the DBE and that appropriate CapMetro staff was copied.

**Step 4:** Check all that apply which demonstrates good cause for termination.

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☐ Other documented good cause (e.g., de-scope of work due to contract modification):  
(Go to next page to add comments.)

If needed, provide additional comments related to causes(s) selected above:

Did the contractor copy CapMetro on the notification sent to the DBE? If so, provide documentation. Yes ☐ No ☐

Did the DBE provide a response? If so, provide documentation. Yes ☐ No ☐

Will termination result in a goal shortfall? Yes ☐ No ☐ If yes, how much? \$ \_\_\_\_\_

**If the termination results in a goal shortfall the contractor must submit evidence of good faith efforts or Substitution Request within 7 days of receiving approval.**

**Step 5:** Complete this section indicating:

- Other good cause;
- Check “Yes” or “No” that notification to DBE was sent;
- Check “Yes” or “No” if the DBE submitted a response & submit documentation; and,
- Check “Yes” or “No” if the termination will result in a shortfall and the dollar amount of the shortfall.

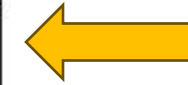
**If goal shortfall, evidence of good faith effort must be submitted.**



# DBE Termination & Substitution Request

## SUBSTITUTION SECTION:

|  |
|--|
| <b>VI. DBE Substitution</b>  |
| The proposed DBE firm, if approved by CapMetro, <u>does not have to perform the same scope of work</u> as the previously approved DBE, but must be DBE certified in the appropriate NAICS code to perform the proposed work. |
| <b>VII. Substitution Explanation</b>   |
| Is this a complete or partial substitution of a previously approved DBE? Complete <input type="checkbox"/> Partial <input type="checkbox"/>  |
| Will your company be substituting for a DBE or Non-DBE? DBE <input type="checkbox"/> Non-DBE <input type="checkbox"/>  |
| <i>If <b>Non-DBE</b>, Good Faith Effort <b>MUST</b> be completed and submitted to CapMetro for approval, and if it results in a shortfall of the race-conscious goal.</i>  |
| If partial, summarize the work remaining under the commitment and the total dollar amount:   |
| <div></div>  |
| Total Dollar Amount Remaining with Current DBE Subcontractor: \$ <div></div>   |
| Summary of Work Remaining:   |
| <div></div>  |
| Shortfall amount due to approved termination: \$ <div></div>   |
| <i>If the substitution results in a goal shortfall, the contractor must submit evidence of good faith efforts.</i>   |
| Has the DBE subcontractor received payment for the work that was performed? Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Has final payment been made to the current DBE for the work or services performed? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| If yes: Payment Date: <div></div> Payment Amount: \$ <div></div>   |
| If no, please explain:   |
| <div></div>  |



Substituted DBE subcontractor doesn't have to perform the same scope but must meet the same percentage amount to meet or exceed the contract goal.



**Step 6:** Complete each section indicating substitution of work, shortfall amount, and work/payment remaining to DBE.



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Will you be self-performing the work and meet the race-conscious goal on the contract? Yes ☐ No ☐ Not Applicable ☐

If self-performing, indicate how you will perform the work using your own equipment, materials, supplies, or employees:



**Step 7:** Check “Yes” or “No” if self-performing the work and meeting the race-conscious goal on the contract. Provide explanation how your company will be utilizing its own resources to complete the work.

# DBE Termination & Substitution Request

| VIII: New DBE Subcontractor  |                      |                         |                         |
|--|----------------------|-------------------------|-------------------------|
| The proposed DBE firm, if approved by CapMetro, <u>does not have to perform the same scope of work</u> as the previously approved DBE, but must be DBE certified in the appropriate NAICS code to perform the proposed work. |                      |                         |                         |
| Previously Approved DBE - (i.e., DBE being Terminated)   |                      |                         |                         |
| DBE Name: <input type="text"/>   |                      |                         |                         |
| Work Paid to Date: \$ <input type="text"/>   |                      |                         |                         |
| NAICS Code   | Work Description     | Committed \$ Amount     | Remaining \$ Amount     |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Total  |                      | \$ <input type="text"/> | \$ <input type="text"/> |
| Proposed DBE or Non-DBE  |                      |                         |                         |
| Proposed Subcontractor is: Subcontractor/subconsultant <input type="checkbox"/> Trucking/Hauling Firm <input type="checkbox"/>   |                      |                         |                         |
| Regular Dealer (60% credit) <input type="checkbox"/> Manufacturer <input type="checkbox"/>   |                      |                         |                         |
| Distributor 40% <input type="checkbox"/> or (Fees or Commissions) <input type="checkbox"/>   |                      |                         |                         |
| DBE Name: <input type="text"/>   |                      |                         |                         |
| Date DBE will begin work: <input type="text"/>   |                      |                         |                         |
| NAICS Code   | Work Description     | Committed \$ & %        |                         |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> %  |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> %  |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> %  |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> %  |
| <input type="text"/>   | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> %  |
| Total  |                      | \$ <input type="text"/> | <input type="text"/> %  |

**Step 7:** Complete this section for the terminated DBE.

**Step 8:** Complete this section for the new DBE or non-DBE.

# DBE Termination & Substitution Request

*Include your printed name, title, signature, and date below. By signing this document, you are an authorized representative for the Prime Contractor on the Contract referenced above to affirm that all information included in this SBE Termination and Substitution Request is true.*

Contractor Authorized Representative Name:  Title:

Signature:  Date:



**Step 9:** Complete this section providing your name, title signature, and date.

This document will be submitted to [dbe@capmetro.org](mailto:dbe@capmetro.org) and copy the contract administrator, project manager.

# Contact & Website To Get Forms/Training

Send an email to [DBE@capmetro.org](mailto:DBE@capmetro.org) for assistance.

**DBE Forms, Trainings, &  
New User – Vendor Information Form  
(Vendor Reporting System –VRS)  
<https://www.capmetro.org/dbe>**

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Thank you!