



**CITY OF CINCINNATI  
PROFESSIONAL SERVICES  
SUBCONTRACTOR APPROVAL & SUBSTITUTION REQUEST FORM**

PLEASE PRINT

Project/Program Name \_\_\_\_\_ Agreement # \_\_\_\_\_ Work Order # \_\_\_\_\_

**REQUESTING CONTRACTOR**

Requesting Contractor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

**SUBCONTRACTOR**

New

Substitution

Subcontractor \_\_\_\_\_

Address \_\_\_\_\_

SBE \_\_\_ MBE \_\_\_ WBE \_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Dollar amount for work to be performed by the subcontractor: \$ \_\_\_\_\_

Scope of work (attach sheet if additional space needed): \_\_\_\_\_

Estimated Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURES**

Requesting Contractor \_\_\_\_\_

Date \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Subcontractor \_\_\_\_\_

Date \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Subcontractor at time of original award (if substitution) \_\_\_\_\_

Date \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Department Director \_\_\_\_\_

Date \_\_\_\_\_

Director of Economic Inclusion \_\_\_\_\_

Date \_\_\_\_\_

Chief Procurement Officer \_\_\_\_\_

Date \_\_\_\_\_

City Manager \_\_\_\_\_

Date \_\_\_\_\_