



**CHANGE TO UTILIZATION PLAN**

**DATE**

**SOLICITATION INFORMATION**

**Instructions: List all changes in the use of certified or non-certified Subcontractors/Suppliers in relation to the Prime Contractor's original Utilization Plan or latest Change to Utilization Plan approved by the Supplier Diversity Outreach Program for the contract listed below.**

**Name of Prime Contractor:**

**Contract Name:**

**ORGANIZATION STATUS**

**All sections of the following table must be completed. Attach a separate sheet to include additional subcontractors, if needed.**

Role	Name of Firm	Certification Type <small>Small/Minority/Women Business Enterprise</small>			New*/Remove**/Change Value	Estimated Total Contract Value (\$)	Start Date <small>(New Subs Only)</small>
SUB						\$	
SUB						\$	
SUB						\$	
SUB						\$	
SUB						\$	

**\*\*IF REMOVING/REDUCING THE DOLLAR VALUE FOR A FIRM, ATTACH DOCUMENTATION ESTABLISHING THAT THE FIRM WAS NOTIFIED AND AGREED TO THE MODIFICATION.**

**Note:** If the Subcontractor changes listed on this document result in not meeting the subcontracting goal for this contract, you will be contacted by the SDOP for further action.

**JUSTIFICATION FOR ALL CHANGES TO UTILIZATION**

**BIDDER/PROPOSER SIGNATURE**

I hereby affirm that the above information is true and complete to the best of my knowledge and belief. I possess internal documentation from all proposed new Subcontractors/Suppliers confirming their intent to perform the scope of work for the price indicated above. All Subcontractors/Suppliers removed or reduced in dollar value have been notified of the change in writing. I understand and agree that if this change to utilization is approved, this document shall be attached there to and become a binding part of the contract.

**Prime Contractor's Authorized Agent (Signature)** \_\_\_\_\_ **Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_