OFFICE OF THE OMBUDSMAN

214 North Hogan Street, 8th Floor
Jacksonville, FL 32202
Phone: 904.255.8718
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jacksonville.gov/departments/office-of-administrative-services/ombudsman

REQUEST FOR SUBSTITUTION/ADDITIONAL SUBCONTRACTOR FORM

Pursuant to Jacksonville Procurement Code Section 126.6I6, the contractor cannot make changes to the Schedule of Participation or substitute subcontractors named in the Schedule of Participation without the prior written approval of the Director upon recommendation of the Ombudsman. Unauthorized changes or substitutions shall be a violation of thischapter and may constitute grounds for rejection of the bid proposal or cause termination of the executed contract for breach, the withholding of payment and/or subject the contractor to contract penalties or other sanctions.

☐ Request for Substitution

☐ Request for Additional Subcontractor

JSEB: ◯ Yes ◯ No

PRIME CONTRACTOR

Business Name:

Contact Person:

Mailing Address:

Phone Number:

Email Address:

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SUBCONTRACTOR

Business Name:

Contact Person:

Mailing Address:

Phone Number:

Email Address:

Subcontractor Scope of Work:

Name of Project:

Public Agency Responsible:

Agency Contact:

Project Start Date:

Contract Number:

Attach a copy of the following items, if applicable:

- A narrative of events that transpired
- Copy of the subcontractor agreement/proposal
- Copy of the subcontractor contract with prime
- Any other relevant documents or correspondence

Upon receipt of this form, the Office of the Ombudsman will conduct an investigation. The information provided by both parties will be reviewed.

Once the investigation is complete, substitution will be approved or denied.

Signature **Date**