



**Your Safety • Your Mobility
Your Economic Opportunity**

Disadvantaged Business Enterprise (DBE) Commitment Change Form

This form must be completed and approved before any changes in the DBE commitment will occur. The approval must be signed and approved by the Resident Engineer/Agreement Administrator and the DBE Program Coordinator. If adding a new DBE firm, a new completed ITD form 2399 must be included with this form. For any questions regarding this please reach out to the DBE Program Coordinator for further guidance and assistance at civilrights@itd.idaho.gov.

Project Working Type:		
<input type="checkbox"/> Contractor <input type="checkbox"/> Consultant		
Project Information:		
Key # &/or Agreement #:	District/Project Administrator:	Project Name:
Prime Contractor/Consultant:		Prime Contractor/Consultant Contact:
Date of Award:		Date of Change:
Resident Engineer/Agreement Administrator:		Requested By:
DBE Change Type:		
<input type="checkbox"/> Change DBE Firm <input type="checkbox"/> Remove DBE Work Items/Scope <input type="checkbox"/> Change DBE Work Items/Scope Amounts/Percentage <input type="checkbox"/> Remove DBE Firm		
Reason for Change:		
Provide a brief description of the reason for the DBE change (include any attachments to the document):		
What is Being Changed:		
List Work Items/Scope Being Changed:		
Original DBE Commitment:		
DBE Firm:	DBE Commitment Amount/Percentage:	
Work/Scope Committed:		
New DBE Commitment:		
New DBE Commitment Amount/Percentage (if adding new DBE firm include a completed copy of ITD form 2399):		
If Changing, New Committed Firm:		If Changing, New Committed Firm Contact:

Good Faith Efforts (if a new DBE firm was not found for replacement):

List all efforts made to find or replace DBE firm(s). Include all contacted DBEs, method of contacting, specific individuals you were in contact with, specific reasons such DBEs said they couldn't perform work (include any attachments to this document):

Preparer:

Signature:		Date:
Printed Name:	Job Title:	

Resident Engineer/Agreement Administrator:

Signature:		Date:
Printed Name:	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DBE Program Coordinator:

Signature:		Date:
Printed Name:	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	