



*SUBCONTRACTOR/FEDERAL ID# (STREET ADDRESS/ZIP/TELEPHONE) ONLY LIST XBE SUBCONTRACTORS WHO ARE NOT SUBCONTRACTED BY OTHER LISTED XBE FIRMS	CERTIFICATE TYPE (MBE, WBE OR VBE) USING DROP-DOWN LIST, INDICATE ONLY ONE	CERTIFICATION AGENCY	DEFINED LOCAL INDIANA BUSINESS (INDICATE WITH "X")	DESCRIPTION OF WORK	ORIGINAL SUBCONTRACT AMOUNT	CURRENT SUBCONTRACT AMOUNT	AMOUNT INVOICED FOR THE PERIOD	TOTAL AMOUNT INVOICED TO DATE	PERCENTAGE OF WORK COMPLETED	SCHEDULED START DATE (MM/DD/YY)	SCHEDULED END DATE (MM/DD/YY)
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
<b>TOTALS:</b>					\$ -	\$ -	\$ -	\$ -	#DIV/0!	<b>XBE SPEND % OF CURRENT CONTRACT VALUE INVOICED TO DATE</b>	<b>XBE SPEND % OF TOTAL CURRENT CONTRACT VALUE</b>
<b>SUBTOTAL MBE:</b>					\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
<b>SUBTOTAL WBE:</b>					\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
<b>SUBTOTAL VBE:</b>					\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
<b>TOTAL DIVERSITY SPEND:</b>					\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
<b>UNRECONCILED VARIANCE:</b>							\$ -				
<small>If not \$0, Validate the Accuracy of the Values in the Cells Directly Above</small>							\$ -				
<b>TOTAL DEFINED LOCAL INDIANA BUSINESS SPEND:</b>					\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!

Signature of Authorized Bidder/Prime Contractor Officer: \_\_\_\_\_

DATE: \_\_\_\_\_

Printed Name of Authorized Bidder/Prime Contractor Officer: \_\_\_\_\_

TITLE: \_\_\_\_\_



Indiana University Health

**REQUEST FOR BUSINESS DIVERSITY PROGRAM SUBSTITUTION  
(FORM SD-06)**

**THIS FORM MUST BE SIGNED AND SUBMITTED PRIOR TO A SUBSTITUTION MADE TO REDUCE, TERMINATE OR ELIMINATE THE INVOLVEMENT OF AN ENGAGED M/W/VBE SUBCONTRACTOR FROM AND/OR ADD A NEW M/W/VBE SUBCONTRACTOR TO AN EXISTING CONTRACT**

PROJECT NAME/NUMBER:			
COMPANY NAME:		CONTACT PHONE/EMAIL:	
ADDRESS:		DATE SUBMITTED:	
CITY/STATE/ZIP:		TOTAL CONTRACT VALUE: \$	-

**For each existing M/W/VBE subcontractor whose contract will be reduced or terminated, provide the following:**

M/W/VBE Name, Email, Phone:	Name:	Email:	Phone:
Description of Work/Services:			
Reason for Substitution, Reduction and/or Termination:			
Original M/W/VBE Dollar Amount & Percentage:	\$	-	#DIV/0!

**For each new M/W/VBE subcontractor that will be substituted, provide the following:**

M/W/VBE Name, Email, Phone:	Name:	Email:	Phone:
Description of Work/Services:			
M/W/VBE Dollar Amount & Percentage:	\$	-	#DIV/0!

**In addition to the above, when applicable, attach the following:**

1. Revised SD-01: Affidavit of Business Diversity Utilization Plan
2. Agency Certification Letter(s) for each new M/W/VBE
3. SD-02: Required Diversity Assurance Information for each new M/W/VBE
4. SD-03: Statement of Intent to Perform Work for each new M/W/VBE

<b>Signature of Authorized Bidder/Prime Contractor Officer:</b>	<b>Printed Name of Authorized Bidder/Prime Contractor Officer:</b>
_____	_____
<b>Date:</b>	<b>Signature of Authorizing IU Health Representative:</b>
_____	_____
	<b>Date:</b>
	_____

**Note: The making of false statements on this form shall be subject to the penalties provided by the appropriate law.**