



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

DBE Compliance Form-6 | **CONTRACT AMENDMENT/CHANGE ORDER DBE FORM**

Contact Office of Supplier Diversity for
questions on completing this form.
Via email: supplierdiversity@nola.gov

Instructions: Prior to an amendment/change order approval, please complete and submit DBE Compliance Form-6. It is the responsibility of the contractor to continue to meet the DBE goal or maintain good faith efforts to do so throughout the life of the contract. List all DBE and Non-DBE firms that will be utilized/affected as a result of the Amendment or Change Order, and list scopes of work/services or goods they will perform or provide. If you have not attained the amount of DBE participation to meet the committed contract goal, you will be required to complete and submit Good Faith Efforts to meet the DBE goal. Please contact the Office of Supplier Diversity (OSD) for any questions.

Contract #: _____ Amendment/Change Order #: _____ Date: ____/____/____

Project Name: _____

Name of Contractor: _____

Current Contract Amount	\$	
Change in Contract Amount	\$	

Total Contract Amount	\$	100%
Total DBE Amount	\$	%

Contractor's point-of-contact:

Name: _____ Title: _____ Phone: _____ Email: _____



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Contract #: _____ Contractor: _____

DBE FIRMS AFFECTED BY CONTRACT AMENDMENT/CHANGE ORDER:

(Attach additional pages if necessary)

Subcontractors/Sub-consultants and Manufacturers

Please list all DBE firms that have been added or whose contract has changed as a result of the Amendment/Change Order. Every DBE firm listed must be utilized on the project, and must perform a Commercially Useful Function. To remove or replace a DBE firm you must request & submit a DBE Removal/Substitution Request Form and receive approval from the OSD to remove or replace the firm.

Name of DBE Firm	CERTIFICATION (SLDBE or LAUCP)	Scope(s) of Work to be performed by the DBE	Tier 1, 2, or 3 Subcontractor?	Value of Updated Contract with DBE	% OF TOTAL CONTRACT
1.				\$	%
2.				\$	%
3.				\$	%
4.				\$	%
5.				\$	%
6.				\$	%
7.				\$	%
8.				\$	%
9.				\$	%
10.				\$	%

Suppliers (For participation towards DBE Goal, count only 60% of total proposed Contract Value)

Name of DBE Firm	Certification (SLDBE or LAUCP)	Supplies to be provided by the DBE	Tier 1, 2, or 3 Supplier?	100% of Value of Updated Contract with DBE Supplier	60% Value of Updated Contract with DBE Supplier	% OF TOTAL CONTRACT
1.				\$	\$	%
2.				\$	\$	%
3.				\$	\$	%
4.				\$	\$	%
5.				\$	\$	%



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NON-DBE SUBCONTRACTORS AND SUPPLIERS AFFECTED BY AMENDMENT/CHANGE ORDER: (Attach additional pages if necessary)

NAME of FIRM	Email	Scope of Work to be performed by the Subcontractor	VALUE of UPDATED CONTRACT	% OF TOTAL CONTRACT
1.			\$	%
2.			\$	%
3.			\$	%
4.			\$	%
5.			\$	%
6.			\$	%
7.			\$	%
8.			\$	%
9.			\$	%
10.			\$	%
11.			\$	%
12.			\$	%
13.			\$	%
14.			\$	%
15.			\$	%

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

PRINT NAME: _____ SIGNATURE: _____ TITLE: _____ DATE: _____