



STATE OF INDIANA

Mike Braun, Governor

DEPARTMENT OF ADMINISTRATION
Division of Supplier Diversity

Indiana Government Center South
402 West Washington Street, Room W462
Indianapolis, IN 46204
(317) 232 - 3061

MBE/WBE/IVOSB SUBCONTRACTOR PARTICIPATION CHANGE CONSENT

Contract: _____

This notification is to inform you that there has been a reduction or elimination of items on the above referenced contract for which your firm was to participate. As a result, the commitment made to your firm, as indicated within the MBE/WBE and IVOSB Compliance sections of the contract, will be reduced accordingly. We are required to notify you of this reduction and inform you that you have five (5) business days to respond to this notice with or without objection.

Reason for Reduction/Elimination: _____

(Name of Prime Contractor)

(Signature of Authorized Representative)

(Date)

Please indicate your response by selecting one of the following two options:

☐ I do not object to the reduction

☐ I do object to the reduction for the following reason(s):

(Name of Subcontractor)

(Signature of Authorized Representative)

(Date)

Verification of Request (For IDOA DSD Use Only):

Director of Contract Compliance

(Signature of Director of Contract Compliance)

(Date)

Please send this completed document with all necessary signatures to MWBECompliance@idoa.IN.gov.

R2/2021