



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

Contract Compliance Form-6 | **CONTRACT AMENDMENT/CHANGE ORDER 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 Compliance Form-6. To ensure proper calculations, forms MUST be completed electronically. Forms can be submitted via email to the department or directly to the Office of Supplier Diversity. 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 (Form-2) to meet the DBE goal.

Please contact the Office of Supplier Diversity (OSD) via supplierdiversity@nola.gov 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	\$ _____	%

*Percentage of DBE commitment must remain in alignment with the initial contract unless previously approved.

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/Subconsultants 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 Modification Request (Form 4) and receive approval from the OSD to remove or replace the firm.

Name of DBE Firm	Tier 1, 2, or 3 Subcontractor?	Source (SLDBE or LAUCP)	Scope Of Work To Be Performed by the DBE (including cost and % of contract)		
			Description/Scope	Value of Updated Contract w/DBE	% of Total Contract
1.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
2.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
3.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
4.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%



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Name of DBE Firm	Tier 1, 2, or 3 Subcontractor?	Source (SLDBE or LAUCP)	Scope Of Work To Be Performed by the DBE (including cost and % of contract)		
			Description/Scope	Value of Updated Contract w/DBE	% of Total Contract
5.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
6.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
TOTALS:				\$	%

*If you have more than four DBE firms, please fill out the 'Additional DBE Firms' table at the bottom of this document.

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.				\$	\$	%
TOTAL					\$	%

*Manually calculate and enter the contract amount and percentage for each



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NON-DBE SUBCONTRACTORS AND SUPPLIERS AFFECTED BY AMENDMENT/CHANGE ORDER:

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. NON-COMPLIANCE AND FALSIFICATION OF INFORMATION IS SUBJECT TO REPERCUSSIONS AS STATED IN THE [EBO RULES AND REGULATION POLICY](#).

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



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Contract Compliance Form-6 | **ADDITIONAL DBE FIRMS**

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(Attach additional pages if necessary)

Subcontractors/Subconsultants and Manufacturers:

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Name of DBE Firm	Tier 1, 2, or 3 Subcontractor?	Source (SLDBE or LAUCP)	Scope Of Work To Be Performed by the DBE (including cost and % of contract)		
			Description/Scope	Value of Updated Contract w/DBE	% of Total Contract
7.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
8.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
9.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
			OVERALL TOTAL (including first six firms):	\$	%