**ENCLOSURE B-9**

**EMERGENCY ADDITION-CONDITIONAL APPROVAL OF SUBCONTRACTOR/SUBCONSULTANT FORM**

**THIS FORM IS USED TO ADD SUBCONTRACTOR/SUBCONSULTANT WITHIN A 24 HOUR BASIS ONLY.**

**ATTACHED ALL REQUIRED SUPPORTING DOCUMENTS WITH THIS REQUEST.**

PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTRACT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTRACT AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRIME CONTRACTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSED SUBCONTRACTOR/SUBCONSULTANT INFORMATION**

COMPANY TAX ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPPLIER ONLY: \_\_\_\_\_\_\_\_YES/NO \_\_\_\_\_\_\_\_\_

CONTACT PERSON (Please type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL SERVE AS \_\_\_\_\_\_TIER *(Ex. 1st, 2nd, etc.)*  TO SUBCONTRACTOR/SUBCONSULTANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED SUPPORTING DOCUMENTS WITH REQUEST**

\_\_\_\_\_1. Revised Enclosures B Forms, whichever is applied

\_\_\_\_\_2. DBE/ACDBE Certification, if applicable or SBE verification application

\_\_\_\_\_3. Copy of sub-agreement with Federal Assurances of 49 CFR PARTS 26/23 AND 29 CFR PARTS 1, 3, 5, 6, 7

NOTE: IF THIS CONTRACT IS SUBJECT TO FEDERAL DAVIS BACON RELATED ACT OR STATE OF OHIO PREVAILING WAGE REQUIREMENTS, NON-COMPLIANCE OF THE WAGE & HOUR STANDARDS CAN RESULT TO STOP PAYMENT/S TO CONTRACTOR OR STOP THE PROJECT ENTIRELY. FOR ADDITIONAL INFORMATION, CONTACT 216-265-6606.

TO THE DIRECTOR OF THE CLEVELAND AIRPORT SYSTEM,

I HEREBY REQUEST YOUR CONSENT TO SUBLET TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SUBCONTRACTOR/SUB-CONSULTANT)

TO PERFORM THE FOLLOWING TASK/S:

SCOPE 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAICS CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCOPE 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAICS CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUB-AGREEMENT $: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EST. WORK START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ EST. COMPLETION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form, the Contractor listed below has made assurances that all subcontractor/sub-consultant listed above who will be utilized towards the fulfillment of a DBE/ACDBE goal will be performing a commercially useful function as outlined in 49CFR Part 23/26. The Prime Contractor will immediately notify the Office of Compliance and Inclusion of its finding if the DBE/ACDBE is not performing or has not performed a commercially useful function.*

SIGNATURES:

PRIME CONTRACTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTED SUBCONTRACTOR/SUBCONSULTANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OPICC USE ONLY**

\_\_\_\_\_APPROVED/DENIED\_\_\_\_ REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCI SIGNARE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_