# NOTICE OF CHANGE

NOC #: 1 BP: Contract PO #: Date:

Prime Vendor: Change Type: Post Exhibit I / C / Contract HUB Form

All changes must be explained. Attach any supporting documents to support the request for the change, including any applicable HUB certifications.

| HUB Company Name | Trade / Service | Sub's Current Contract Amount before this change | Change (+/-) Dollar Amount | Sub's Contract Amount Post NOC | Justification |
|---|---|---|---|---|---|
| | | $ - | $ - | $ - | |
| | | $ - | $ - | $ - | |
| | | $ - | $ - | $ - | |
| | | $ - | $ - | $ - | |
| **NON HUB Companies** | | | | | |
| | | $ - | $ - | $ - | |
| | | $ - | $ - | $ - | |
| | | $ - | $ - | $ - | |
| | | $ - | $ - | $ - | |
| | | $ - | $ - | $ - | |

| | Dollar Amount | Percentage |
|---|---|---|
| **HUB Commitment at Proposal Period** | $ - | 0.00% |
| **HUB Commitment at Contract Phase** | $ - | 0.00% |
| **Current HUB Commitment** | $ - | 0.00% |
| **HUB Commitment Post NOC** | $ - | 0.00% |

## CERTIFICATION OF AFFIDAVIT

The above information is true and complete to the best of my knowledge and belief. I further understand and agree that upon District's review and any directed action, as appropriate, this certification shall become a part of my contract with the Fort Worth ISD.

**Printed Name and Title** **Signature** **Date**

## FOR DISTRICT USE ONLY

**Reviewed By:** Reviewed By:

***Cynthia Armendariz*** Date
HUB Coordinator, AECOM

***Crystal Parker*** Date
Accounting/HUB Specialist, CIP