

DEMONSTRATION OF GOOD FAITH EFFORTS

Project Name _____	Project Number _____
Contractor Name _____	Federal Tax I.D. _____

This document (GFE-1 and GFE-2) must be completed and received by the Commission within two (2) calendar days of the Bid Opening.

1. List all subcontractors and material suppliers certified as DBE, EDGE or MBE that the Contractor intends to use for this Project, the Work to be performed, and the approximate amount to be paid to each.

2. Indicate how the Contractor subdivided portions of the work or services to increase the likelihood of participation by firms certified as DBEs, EDGEs and MBEs in the Project. (Attach additional pages if needed, and all supporting documentation.)

3. Indicate the services or organizations that provided assistance to you in identifying and recruiting firms certified as DBEs, EDGEs and MBEs in preparing the Bid. (Attach additional pages if needed, and notes of each contact listed.)

Organization _____	Date of Contact _____
Contact _____	Phone Number _____
Organization _____	Date of Contact _____
Contact _____	Phone Number _____

4. List all DBE, EDGE and MBE entities to which you supplied adequate and timely information about the Plans, Specifications and requirements of the Contract. (Attach additional pages if needed, and copies of all transmittals, any shipping receipts or documentation of providing info. etc.)

Business _____	Contact Name _____	Date _____
Business _____	Contact Name _____	Date _____

Business _____ Contact Name _____ Date _____

Business _____ Contact Name _____ Date _____

Business _____ Contact Name _____ Date _____

5. List the names, addresses, dates and telephone numbers of all DBE, EDGE and MBE entities with which you negotiated relative to this Contract and the general scope of work negotiated. (Attach additional pages if needed, and the reason negotiations or bids were not successful.)

Business	_____	Business	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Contact	_____	Contact	_____
Phone	_____	Phone	_____
Date of contact	_____	Date of contact	_____
Scope of Work	_____	Scope of Work	_____

Business	_____	Business	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Contact	_____	Contact	_____
Phone	_____	Phone	_____
Date of contact	_____	Date of contact	_____
Scope of Work	_____	Scope of Work	_____

6. List all interested DBE, EDGE and MBE entities which you rejected to perform the Work of the Contract. Please provide the specific reason(s) for the determination. (Attach additional pages if needed.)

Business _____
Reason(s) for rejection _____

Business _____
Reason(s) for rejection _____

Business _____
Reason(s) for rejection _____

Business _____
Reason(s) for rejection _____