

FORM – C

MWBE GOOD FAITH EFFORT DOCUMENTATION – ALL CERTIFIED MWBE FIRMS NOTIFIED

Note: Completion of this form is not required if established project goals are met or exceeded.

List all certified MWBE firms notified. Indicate in detail when and how they were notified as well as the results of your efforts. Submit additional sheets, if necessary.

Bidder/Contractor/Respondent Name: _____

Project Title: _____

The following certified MBE and/or WBE firms were invited to submit a proposal.

MWBE Type of Goal	Certified Firm Name Address, Phone No. and Email	Certified Firm Contact Person	Methods of Contact	Prime Contact Date	Certified Firm Response	Results of Contact <i>(Please indicate why suitable or not suitable for work)</i>
<input type="checkbox"/> MBE <input type="checkbox"/> WBE			Phone# Email Fax#	_____ _____		
<input type="checkbox"/> MBE <input type="checkbox"/> WBE			Phone# Email Fax#	_____ _____		
<input type="checkbox"/> MBE <input type="checkbox"/> WBE			Phone# Email Fax#	_____ _____		
<input type="checkbox"/> MBE <input type="checkbox"/> WBE			Phone# Email Fax#	_____ _____		
<input type="checkbox"/> MBE <input type="checkbox"/> WBE			Phone# Email Fax#	_____ _____		

Print Name: _____ **Email Address:** _____ **Phone:** _____

Authorized Signature: _____ **Date:** _____