

MWBE GOOD FAITH EFFORT DOCUMENTATION – ALL CERTIFIED MWBE FIRMS NOTIFIED – FORM C

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

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

Bidder's Name / Company Name: _____

Project Title: SCS District Office Barnes Bldg. Canopy Replacement

Project Number: 10302020

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>(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#	_____ _____		
<input type="checkbox"/> MBE <input type="checkbox"/> WBE			Phone# Email Fax#	_____ _____		

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

Authorized Signature: _____ **Date:** _____

UNLESS THE BIDDER'S MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE SUBCONTRACTOR PROJECT PLAN
SUBCONTRACTOR/SUPPLIER UTILIZATION MEETS THE ESTABLISHED PROJECT GOAL, FAILURE TO SUBMIT THIS FORM MAY RESULT IN THE BID BEING FOUND NON-RESPONSIVE.