Document 00571

RECORD OF POST-AWARD GOOD FAITH EFFORTS

Contractor Name: _____ **Project Name:**_____

A Contractor that may be unable to follow an agreed Participation Plan (Document 00470 or 00570) must submit this completed form, a Plan Deviation Request Form (Document 00572), and any other documentation of "Good Faith Efforts" (see Document 00808) that the OBO Representative may require. The Contractor shall submit one completed Document 00571 (Part A) for each Certified Firm that is no longer performing part or all of its work duties under the Approved Plan. The Contractor has the burden to demonstrate "Good Faith Efforts" to meet the MWSBE goal, which includes correctly and accurately preparing and submitting this form and other efforts described in the Good Faith Efforts Policy (Document 00808). The Office of Business Opportunity may review Participation Plan and Good Faith Efforts from time to time and may request that the Contractor submit this form and other information.

UNLESS THE CONTRACTOR MEETS THE GOALS IN THE AGREED PARTICIPATION PLAN, FAILURE TO SUBMIT THIS FORM MAY RESULT IN A DEFAULT OF THE CONTRACT.

PART A (REASON FOR NON-USE OF CERTIFIED FIRM IN AGREED PLAN)

NAICS Code	Plan Item No.	MWSBE Type for Goal	Certified Firm Name, Address, Phone No. and E-mail	Plan Goal & Actual Use (in % of total)	Method of Contact	Reason for Non-Use (why the Contractor was not able to use the Certified Firm in accordance with the Agreed Plan)
				Plan %: ____ Actual %: ____	Phone ☐ E-mail ☐ Fax ☐	

PART B (REASON FOR NONUSE OF REPLACEMENT CERTIFIED FIRMS—IF APPLICABLE)

NAICS Code	Plan Item No.	MWSBE Type for Goal	Certified Firm Name Address, Phone No. and E-Mail	Certified Firm Contact Person	Method of Contact	Prime Contact Date	Certified Firm Response	Results of Contact (why Certified Firm was unsuitable or unusable)
					Phone ☐ E-mail ☐ Fax ☐			
					Phone ☐ E-mail ☐ Fax ☐			

Authorized Signature: _____ Date: _____ Phone: _____

Print Name: _____ Email Address: _____

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PART B CONTINUATION (REASON FOR NONUSE OF REPLACEMENT CERTIFIED FIRMS)

NAICS Code	Plan Item No.	MWSBE Type for Goal	Certified Firm Name Address, Phone No. and E-Mail	Certified Firm Contact Person	Method of Contact	Prime Contact Date	Certified Firm Response	Results of Contact (why Certified Firm was unsuitable or unusable)
					Phone ☐ E-mail ☐ Fax ☐			
					Phone ☐ E-mail ☐ Fax ☐			
					Phone ☐ E-mail ☐ Fax ☐			
					Phone ☐ E-mail ☐ Fax ☐			
					Phone ☐ E-mail ☐ Fax ☐			
					Phone ☐ E-mail ☐ Fax ☐			
					Phone ☐ E-mail ☐ Fax ☐			
					Phone ☐ E-mail ☐ Fax ☐			

Authorized Signature: _____ Date: _____ Phone: _____

Print Name: _____ Email Address: _____