

Document 00471

PRE-BID GOOD FAITH EFFORTS

Bidder Name: _____ **Project Name** _____

A Bidder or Proposer that may be unable to complete or follow a Participation Plan (Document CCD-00470) to meet the Contract Goal in the Supplemental Conditions (Document 00800), must submit this completed form, Goal Deviation Request Form (Document 00472), providing supporting documentation evidencing their "Good Faith Efforts", as required by the City of Houston's Good Faith Efforts Policy (see Document 00808).

The Bidder or Prime 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 City's Good Faith Efforts Policy (Document 00808). The Office of Business Opportunity will review Good Faith Efforts and Participation Plan after selection of an apparent low bidder.

UNLESS THE BIDDER'S/PROPOSER'S PARTICIPATION PLAN MEETS THE CONTRACT GOAL, FAILURE TO SUBMIT THIS FORM MAY RESULT IN THE BID BEING FOUND NON-RESPONSIVE.

NAICS Code	Plan Item No.	MWSBE Type for Goal	Certified Firm Name Address, Phone No. and E-Mail	Certified Firm Contact Person	Methods of Contact	Prime Contact Dates	Certified Firm Response	Results of Contact (why suitable or not suitable for work)
		MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>			Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>			
		MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>			Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>			
		MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>			Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>			
		MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>			Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>			

Authorized Signature: _____

Date: _____

Phone: _____

Print Name: _____

Email Address: _____

Company Name: _____

CONTINUATION PAGE

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		MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>			Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>			
		MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>			Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>			
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		MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>			Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>			
		MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>			Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>			

Authorized Signature: _____

Date: _____

Phone: _____

Print Name: _____

Email Address: _____

Company Name: _____