

DOCUMENTATION OF BEST AND GOOD FAITH EFFORTS FORM

DEPARTMENT OF COMMERCE
OFFICE OF ECONOMIC OPPORTUNITY (OEO)

Minority (MBE), Woman (WBE), Disabled (DSBE) and Disadvantaged (DBE) Business Enterprises¹

BID TITLE -	NAME OF BIDDER -	BID SUBMISSION DATE -

List below ALL MBE/WBE/DSBE/DBEs³ that were solicited regardless of whether a commitment resulted therefrom. - Photocopy this form as necessary.

<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DSBE <input type="checkbox"/> M-DBE ³ <input type="checkbox"/> W-DBE ³	Please Specify Work to be Performed and/or Type of Supply Effort	Date Solicited			Commitment Made	
Company Name		By Phone	By Mail	By Advertisement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address					<i>(If Yes, give date solicited)</i>	
Contact Person					<i>(If No, provide reasons on Page 2)</i>	
Telephone Number Fax #		Date Solicited			Dollar Amount	
<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier		YES ² NO			\$	
OEO CERTIFICATION #					Percent of Total Proposal %	
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DSBE <input type="checkbox"/> M-DBE ³ <input type="checkbox"/> W-DBE ³	Please Specify Work to be Performed and/or Type of Supply Effort	Date Solicited			Commitment Made	
Company Name		By Phone	By Mail	By Advertisement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address					<i>(If Yes, give date solicited)</i>	
Contact Person					<i>(If No, provide reasons on Page 2)</i>	
Telephone Number Fax #		Date Solicited			Dollar Amount	
<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier		YES ² NO			\$	
OEO CERTIFICATION #					Percent of Total Proposal %	
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DSBE <input type="checkbox"/> M-DBE ³ <input type="checkbox"/> W-DBE ³	Please Specify Work to be Performed and/or Type of Supply Effort	Date Solicited			Commitment Made	
Company Name		By Phone	By Mail	By Advertisement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address					<i>(If Yes, give date solicited)</i>	
Contact Person					<i>(If No, provide reasons on Page 2)</i>	
Telephone Number Fax #		Date Solicited			Dollar Amount	
<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier		YES ² NO			\$	
OEO CERTIFICATION #					Percent of Total Proposal %	

¹MBE/WBE/DSBE/DBEs Listed above must be certified prior to bid submission date.

²Bidder should attach quotation with this form, but the City reserves the right to request this information which shall be submitted by bidder within 48 hours of the City's request.

³If Bidder makes solicitation(s) and commitments with a DBE, Bidder shall indicate which class type, M-DBE or W-DBE, is submitted for credit.

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DEPARTMENT OF COMMERCE
OFFICE OF ECONOMIC OPPORTUNITY (OEO)

BID NUMBER & TITLE -	NAME OF BIDDER -	BID SUBMISSION DATE -

Photocopy this form as necessary; you must respond for each solicited M/W/DSBE for which there is no commitment. Failure to do so may result in rejection of your bid.

Name of M/W/DSBE solicited for which no commitment was made:

No commitment resulted from your solicitation of the above identified M/W/DSBE; please explain why:

Did you attempt, in good faith, to negotiate price and scope (please be specific, attaching any dated price quotations and correspondence):

Did you offer this M/W/DSBE any arms length business assistance (e.g., introduction to manufacturer, helped provide access to line of credit, access to union hall, etc.):

Did you provide this M/W/DSBE with timely information about the scope of work required; be specific and attach dated documentary evidence of the foregoing:

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DEPARTMENT OF COMMERCE OFFICE OF ECONOMIC OPPORTUNITY (OEO)		
BID TITLE -	NAME OF BIDDER -	BID SUBMISSION DATE -
<i>Photocopy this form as necessary</i>		
<u>Do you operate or provide funding to any on-the-job training or apprenticeship programs? If so please describe and provide the number of trainees and breakout of minority, female and/or disabled participants:</u>		
<u>Did you seek assistance from the Urban Affairs Coalition, Careerlink Philadelphia, Opportunity Industrial Center and the Philadelphia Workforce Development Corporation to perform employee outreach? Provide your list of minority, female, and/or disabled recruitment agencies or other community based organizations that your firm uses for employment placement:</u>		
<u>Describe any specific outreach activities through job fairs, newspapers, periodicals, advertisements and other organizations or media that are owned by M/W/DSBEs and/or focus on M/W/DSBEs:</u>		
<u>Identify the unions with which you have a collective bargaining agreement. Describe any hiring practices, or involvement in Commonwealth approved apprenticeship programs that specifically encourage the training and employment of minority, women and/or disabled persons:</u>		
<u>List all directories of certified M/W/DSBEs (e.g., OEO Registry, Pennsylvania Unified Certification Program, Department of General Services) that you consulted in preparing your bid:</u>		
<u>Attach your company's Equal Employment Opportunity Statement and any published nondiscrimination policies.</u>		