

## GOOD FAITH EFFORT DOCUMENTATION FORM

**RESPONDENT:** \_\_\_\_\_

**SOLICITATION NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

When Respondent will not meet the project specific goals identified in the solicitation, Respondent must complete this Good Faith Documentation Effort Form. Failure to do so may result in the response being deemed non-responsive and rendering Respondent ineligible for award.

The list of acceptable Good Faith Effort documentation complies with the [Minority, Women, and Small Business Enterprise Policy](#) adopted by the Blueprint Intergovernmental Agency, City of Tallahassee, and Leon County Government. Respondent can demonstrate Good Faith Effort to secure MBE and WBE participation by completing this Form and providing documentation of the activities on the list.

Documentation of each of the following activities is necessary to receive credit for the Good Faith Effort Activity. **A minimum of five (5) activities with documentation are necessary to establish Good Faith Effort.** Failure to provide documentation of all activities completed by Respondent at the time of submission may result in Respondent being deemed non-responsive to the solicitation. Please check the appropriate boxes that apply to your good faith activities and provide acceptable documentation as an attachment to this Form. Documentation should be marked with the attachment number identified in the Good Faith Effort Activity Chart on page 2. To document Good Faith Effort Activities 4, 6, 7, 8, 9, and 10, please complete the Good Faith Effort Spreadsheet, available here: <https://www.talgov.com/doingbusiness/mbe.aspx>, and include the spreadsheet in Attachment 3 to this form. Please provide documentation supporting the information in the Good Faith Effort Spreadsheet as exhibits to the Good Faith Effort Spreadsheet. If you are unsure what documentation is acceptable to support your Good Faith Effort Activity, descriptions of acceptable documentation are available here: <https://www.talgov.com/doingbusiness/mbe.aspx>

Y/N	GOOD FAITH EFFORT ACTIVITY	ATTACHMENT NUMBER	EXPLAIN
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Attendance at a pre-bid or pre-proposal meeting.	NONE	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Copies of written correspondence sent to the MWSBE Division no later than fifteen (15) business days before the solicitation response deadline seeking help in identifying firms available to meet the project specific goals.	1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Copies of advertisements placed by the respondent in the local newspaper and minority publications in the Market Area announcing the project and seeking MBE or WBE participation.	2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Copies of written correspondence sent to a certified MBE or WBE firm.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Documentation that the respondent selected economically feasible portions of work to be performed by MBE and/or WBE firms, including, where appropriate, breaking down contracts or combining elements of work into economically feasible units.	4	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Documentation that the respondent negotiated in good faith with interested MBE and/or WBE firms and did not reject any interested MBE and/or WBE firms without sound business reasons.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Documentation that the respondent reviewed all quotations received from MBE and/or WBE firms, and for those quotations not accepted, an explanation of why the MBE and/or WBE will not be used during the course of the contract.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Documentation detailing respondent's effort to contact MBE and/or WBE firms who provide the services needed for the solicitation and indicating that the respondent provided ample time for potential MBE and/or WBE firms to respond, including a chart outlining the methods of contact and schedule or time frame in which respondent conducted its good faith effort.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Documentation that the respondent offered to provide interested MBE and/or WBE firms with assistance in reviewing the solicitation plans and specifications at no charge to the MBE and/or WBE firms.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Documentation of follow-up telephone calls with potential MBE and/or WBE firms encouraging their participation.	3	

## ACKNOWLEDGEMENT

I hereby certify that, as Respondent to this Solicitation, that the information provided herein is true and correct. I aver that I have authority to bind Respondent to contractual agreements.

Respondent certifies that Respondent completed Good Faith Effort activities to identify MBE and/or WBE firms to participate in the project advertised in this solicitation. Respondent has communicated with the subcontractors and subconsultants identified herein. Nevertheless, Respondent was unable to meet or exceed the project specific goal identified for MBE and/or WBE participation in this solicitation. Where Respondent contacted MBE and/or WBE firms, those firms were unavailable, unable, or otherwise unacceptable for sound business reasons to perform the work necessary for the project. Respondent has included documentation of all Good Faith Effort activities in attachments 1 through 5 to this Form. Respondent further avers that all information submitted in this Form and associated documentation is true, correct, and, in the case of documented correspondence, has not been altered from its original form.

Respondent agrees that bad faith or dishonesty in the information provided on this Good Faith Effort Form is a violation of [MWSBE Policy](#) Section VIII.G. If awarded, Respondent agrees to continue to negotiate with the firms identified herein and to endeavor to meet the project specific goals for this solicitation, to monitor the work of its subcontractor or subconsultant firms, to provide subcontractor or subconsultant payment information to the MWSBE Division, and to abide by the [MWSBE Policy](#).

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name