Specific Work or Materials (by pay item):

DBE Firm Contacted:

A. INITIAL CONTACT  
(See important contact information on instruction sheet)

1. Date ___________________________   Method: [ ] Phone [ ] eMail [ ] Fax [ ] Other
2. Person Contacted
   Name ___________________________   Title ___________________________

3. DBE’s Response: Date: ___________________________   Method: [ ] Phone [ ] eMail [ ] Fax [ ] Other
   [ ] Submitted an acceptable sub-bid. (if sub-bid accepted, skip to Section D)
   [ ] Not interested
   [ ] Needs more information
   Date Prime provided requested information: ___________________________
   [ ] Will provide quote by Date: ___________________________
   [ ] Received unacceptable sub-bid (complete section C)

B. FOLLOW-UP CONTACT

1. Date ___________________________   Method: [ ] Phone [ ] eMail [ ] Fax [ ] Other
2. Person Contacted
   Name ___________________________   Title ___________________________

3. DBE’s Response: Date: ___________________________   Method: [ ] Phone [ ] eMail [ ] Fax [ ] Other
   [ ] Submitted an acceptable sub-bid. (if sub-bid accepted, skip to Section D)
   [ ] Received unacceptable sub-bid (complete section C)
   [ ] Other result: ___________________________

C. EXPLANATION OF FAILURE TO ACHIEVE AN ACCEPTABLE SUB-BID:

1. Were the following efforts made?
   a. [ ] Yes [ ] No  Identified specific items of work, products, materials, etc. when asking for quote(s).
   b. [ ] Yes [ ] No  Offered assistance in acquiring necessary bonding and insurance.
   c. [ ] Yes [ ] No  Provided all appropriate information concerning the specific work items or materials.

2. Was the DBE unable to perform in some capacity? [ ] yes [ ] no  If “Yes”, explain:

D. CERTIFICATION:

I certify that the information provided above is accurate and that efforts to solicit sub-bids were made in good faith.

Signature of Company Representative ___________________________   Title ___________________________   Date ___________________________

Name of MDT Representative ___________________________   Title ___________________________   Date ___________________________