

**MSD LOUISVILLE
M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS
SUMMARY SHEET**

Page: 1 of 11

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (DUE BY 3PM NEXT BUSINESS DAY AFTER BID OPENING)			
Project Name and # [if applicable]:		Project Description:	
Company Name:		Date Submitted:	Total Contract Value:
Address:		Federal Tax ID#:	
Contact Person:		Email:	Phone #:
GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST			
Number	Bidder Action(s)	Points	
1.	Identification of M/WBE Subcontracting Work: Selected portions of the work to be performed by MBE/WBEs in order to increase the likelihood that the MBE/WBE goals will be achieved. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate MBE/WBE participation, even when the prime contractor might otherwise prefer to perform these work items with its own forces.	Yes <input type="checkbox"/>	No <input type="checkbox"/> Total 15

For each MSD Louisville registered MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone/Email	Type of Business	Type of Work/Service(s) Solicited	How Business was contacted (i.e. email, phone, letter, etc.?)	Response to Solicitation (i.e. will submit bid, no response, not interested)	Bid/Quote Amount	Company Selected (Write Yes or No)

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: _____ Title: _____ Print Name: _____ Date: _____

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GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST				
Number	Bidder Action(s)	Points	Yes	No
2.	(Optional) Advertisement: Evidence of advertisement campaign regarding subcontracting opportunities		<input type="checkbox"/>	<input type="checkbox"/>
			Total	5

List all information requested below related to the above project. If additional space is required, this form may be duplicated.

Portion of Work to be Performed by MBE/WBES:					

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: _____ Title: _____ Print Name: _____ Date: _____