

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

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| 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) |
|---|------------------|-----------------------------------|---|--|------------------|------------------------------------|
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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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|--|---|------------------------------|-----------------------------|-------|
| Number | Bidder Action(s) | Points | | Total |
| 2. | (Optional) Advertisement: Evidence of advertisement campaign regarding subcontracting opportunities | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 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: | | | | |
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