



## GOOD FAITH EFFORTS SUMMARY SHEETS Due with Sealed Bid

Prime Bidder/Contractor Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Total Contract Value: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

**Bidder Action(s):**

<b>NUMBER 1.</b>	<b>POINTS – 15 TOTAL</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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**Identification of MBE/WBE Subcontracting Work:** Selected portions of the work to be performed by MBEs/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.

**NOTE:** The total breakdown of the **MSD Supplier Diversity MBE and WBE Program – 35.0% subcontracting goals** shall apply, for all ten (10) Bidder Actions, and is as follows: **MBE:** 18.0% African Americans and 2.0% Asian Indian Americans; and **WBE:** 15.0% Caucasian Females. For each Louisville MSD 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	Type of Business	Type of Work/Service(s) Solicited	How Business was contacted (e.g., email, phone, letter, etc.)	Response to Solicitation (e.g., will submit bid, no response, not interested)	Bid/Quote Amount	Company Selected?	
						YES	NO
						YES	NO
1.						<input type="checkbox"/>	<input type="checkbox"/>
2.						<input type="checkbox"/>	<input type="checkbox"/>
3.						<input type="checkbox"/>	<input type="checkbox"/>
4.						<input type="checkbox"/>	<input type="checkbox"/>
5.						<input type="checkbox"/>	<input type="checkbox"/>
6.						<input type="checkbox"/>	<input type="checkbox"/>
7.						<input type="checkbox"/>	<input type="checkbox"/>

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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**Bidder Action(s):**

<b>NUMBER 2.</b>	<b>POINTS – 5 TOTAL</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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**Advertisement (Optional):** Evidence of advertisement campaign regarding subcontracting opportunities.

**NOTE:** 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 MBEs/WBEs:	
Company Name:	Portion of Work/Scope:
1.	
2.	
3.	
4.	
5.	
6.	
7.	

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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**Bidder Action(s):**

<b>NUMBER 3.</b>	<b>POINTS – 15 TOTAL</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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**Solicitations, Written Notices, etc:** Solicited, through all reasonable and available means to include, but not limited to the following examples: attendance at pre-bid meetings, accessed <https://louisvillemsd.org/SupplierDiversity/forms>, advertising and/or written notices the interest of all Louisville MSD MBEs/WBEs who have the capability to perform the work of the contract. To be considered reasonable, the bidder should solicit this interest **ten (10) days or within the MSD bid advertisement date** in order to allow MBEs/WBEs sufficient time to respond to the solicitation. [To receive credit for this effort, the bidder must determine with certainty if the MBEs/WBEs are interested by documenting and taking the appropriate steps to follow up initial solicitations.

**NOTE:** For each 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	Type of Business	Type of Work/Service(s) Solicited	How Business was contacted (e.g., email, phone, letter, etc.)	Response to Solicitation (e.g., will submit bid, no response, not interested)	Bid/Quote Amount	Company Selected?	
						YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
1.						<input type="checkbox"/>	<input type="checkbox"/>
2.						<input type="checkbox"/>	<input type="checkbox"/>
3.						<input type="checkbox"/>	<input type="checkbox"/>
4.						<input type="checkbox"/>	<input type="checkbox"/>
5.						<input type="checkbox"/>	<input type="checkbox"/>
6.						<input type="checkbox"/>	<input type="checkbox"/>
7.						<input type="checkbox"/>	<input type="checkbox"/>

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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Contact Person: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

**Bidder Action(s):**

<b>NUMBER 4.</b>	<b>POINTS – 15 TOTAL</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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**Follow-up:** Follow-up to initial solicitations (written notices) to MBE/WBE subcontractors, suppliers and vendors.

**NOTE:** For each 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 & Contact Person	Description of Information Provided	Agreement Reached?	
		YES	NO
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

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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Contact Person: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

**Bidder Action(s):**

<b>NUMBER 5.</b>	<b>POINTS – 15 TOTAL</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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**Adequate Information Provided:** Provided interested Louisville MSD registered MBEs/WBEs with adequate information about the plans, specifications and requirements of the contract in a timely manner to assist them in responding to a solicitation for MBE/WBE participation.

**NOTE:** For each 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 & Contact Person	Type of Work/Service(s) Considered	Agreement Reached?	
		YES	NO
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

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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Contact Person: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

**Bidder Action(s):**

<b>NUMBER 6.</b>	<b>POINTS – 10 TOTAL</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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**Assistance: Bonding/Lines of Credit/Insurance:** Made efforts to assist interested Louisville MSD registered MBEs/WBEs in obtaining bonding, lines of credit or insurance as required by Louisville MSD or the contractor.

**NOTE:** For each 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 & Contact Person	Type of Assistance Provided	Agreement Reached?	
		YES	NO
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

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 bonding, lines of credit or insurance will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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Company Address: \_\_\_\_\_ Total Contract Value: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

**Bidder Action(s):**

<b>NUMBER 7.</b>	<b>POINTS – 10 TOTAL</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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**Evidence of Justifiable for Bid Rejection:** If participation of specific MBEs/WBEs was considered, the bidder did not reject MBEs/WBEs as being unqualified without sound reasons based on a thorough investigation of their capabilities. An MBE/WBE subcontractor’s standing within its industry, membership in specific groups, organizations or associations, and political or social affiliations [for example, union vs., non-union employee status] are not legitimate causes for the rejection or non-solicitation of MBE/WBE subcontractor proposals when considering the contractor’s efforts to meet the project goal.

**NOTE:** For each 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 & Contact Person	Were Bid(s) Rejected?		Provide detailed explanation as to why the bid(s) were rejected and include supporting documentation.
	YES	NO	
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	

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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Contact Person: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

**Bidder Action(s):**

<b>NUMBER 8.</b>	<b>POINTS – 15 TOTAL</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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**Ongoing Mentor Protégé Relationships:** The bidder is actively participating in an ongoing mentor/protégé relationship with a Louisville MSD MBE/WBE in the assistance of their business growth and development.

**NOTE:** For each 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 & Contact Person	Type of Assistance Provided	Mentor Protégé Agreement Reached? If Yes, please provide a copy. If not, why not?	
		YES	NO
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

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 mentor/protégé agreement(s) will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_





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Contact Person: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

**Bidder Action(s):**

<b>NUMBER 9.</b>	<b>POINTS – 10 TOTAL</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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**Meeting Invitations:** Evidence MBE/WBE firms were invited to meetings.

**NOTE:** For each 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 & Contact Person	Description of Meeting Notices for MBEs/WBEs	Did MBE/WBE attend meeting?	
		YES	NO
1.		<input type="checkbox"/>	Meeting Date: <input type="checkbox"/>
2.		<input type="checkbox"/>	Meeting Date: <input type="checkbox"/>
3.		<input type="checkbox"/>	Meeting Date: <input type="checkbox"/>
4.		<input type="checkbox"/>	Meeting Date: <input type="checkbox"/>
5.		<input type="checkbox"/>	Meeting Date: <input type="checkbox"/>
6.		<input type="checkbox"/>	Meeting Date: <input type="checkbox"/>
7.		<input type="checkbox"/>	Meeting Date: <input type="checkbox"/>

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. Confirmation of all meeting invitations and other evidence of attendance, along with all bids and/or quotes will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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Company Address: \_\_\_\_\_ Total Contract Value: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

**Bidder Action(s):**

<b>NUMBER 10.</b>	<b>POINTS – 15 TOTAL</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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**Community and Other Organizational Services Support:** Effectively used the services of community organizations, contractors’ groups, local, state and federal business assistance offices, and other organizations as allowed on a case-by-case basis to provide assistance in the recruitment and placement of MBEs/WBEs.

Company Name & Contact Person	Type of Community and/or Organizational Services Business	Please specify in detail results of the outcome(s).	
1.			
2.			
3.			
4.			
5.			
6.			
7.			

It is hereby certified that the above community and/or organizational services businesses were contacted in regard to the above project. We further certify that the above statements are a true account of all firms’ responses to our solicitation. Confirmation and evidence of effectively utilizing community and/or other organizational services support in the recruitment and placement of MBEs/WBEs will be made available upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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**WAIVER REQUEST FORM**

Bidders who do not meet the **MSD Supplier Diversity MBE and WBE Program** subcontracting goals of **20.0% MBE and 15.0% WBE participation** with utilization from three (3) separate companies as follows: **MBE:** 18.0% African Americans and 2.0% Asian Indian Americans; and **WBE:** 15.0% Caucasian Females – **must earn a minimum of ninety (90) points** in the categories outlined and described above on the “Good Faith Efforts Summary Sheet(s),” and they must be completed in their entirety for MSD to determine if adequate “Good Faith Efforts” (GFE) were demonstrated toward meeting the established MBE/WBE Subcontract Participation Goals, as described above.

I, \_\_\_\_\_, having been duly authorized to complete the foregoing MBE/WBE subcontractors’ Good Faith Efforts Summary Sheet(s), do hereby swear that all of the information provided in the MBE/WBE subcontractors’ Good Faith Efforts Summary Sheets was provided by me; that all of the statements contained in the MBE/WBE subcontractors’ Good Faith Efforts Summary Sheets and all attachments hereto are true, complete and accurate; and that I have not knowingly concealed or in any way falsified or misrepresented the summary sheets or status of:

\_\_\_\_\_.

I acknowledge that the following acts may constitute fraud and that if committed by me or any employee, member or principal of my company, may permanently disqualify my company from participation in MSD procurement or contract in accordance with the MSD Procurement Regulations and MSD Supplier Diversity Minority and Woman Business Enterprise Program Policy and Procedures Manual:

- (1) Willfully and/or knowingly making a false or misleading statement, and whether by affidavit, or by oral or written report or other representation, to an MSD representative for the purpose of influencing MSD’s acceptance/rejection of this Waiver Request.
- (2) Fraudulently obtaining, attempting to obtain or aiding another person or entity in fraudulently obtaining or attempting to obtain public monies or services, or a certified MBE/WBE to include non-MBEs/WBEs and any community/nonprofit/service organization, etc. and/or any affiliate of such agency.

**[This document shall be notarized by a Notary Public, in good standing.]**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing Waiver Request Form and Affidavit was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

[Name of Affiant]  
as \_\_\_\_\_ of \_\_\_\_\_ as his/her voluntary and proper act and deed on behalf of the Company.  
[Title] [Name of Company]

My Commission Expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

[SEAL] State of: \_\_\_\_\_

Notary ID#: \_\_\_\_\_