



**CITY OF DALLAS  
GOOD FAITH EFFORT DOCUMENTATION FORM**

This form is to be completed by a bidder/proposer who will not meet the applicable M/WBE participation. This form helps demonstrate good faith efforts to include M/WBE subcontractors in the bid/proposal. Intentional misrepresentation could result in criminal prosecution.

(Note: Please use the Tab button, mouse or arrows to move from one section to the next. Please DO NOT use the "Enter" key.)

**Project Name & Bid/Contract #:** \_\_\_\_\_ **#:** \_\_\_\_\_

**Firm Name and Address:** \_\_\_\_\_  
\_\_\_\_\_

**1. Did you meet with a member of Business Development and Procurement Services (BDPS)?**

Please make a selection: **Name of Member:** \_\_\_\_\_

**2. Was an M/WBE list provided by BDPS for this project?**

Please make a selection: **Date of Listing:** \_\_\_\_\_

**3. Did you meet with a member of the awarding department?**

Please make a selection: **Name of Member:** \_\_\_\_\_

**4. Did you provide plans and specifications to potential M/WBEs or information regarding the location of plans and specifications?**

Please make a selection:

**5. If M/WBE bids and proposals were received and rejected, you must attach documentation of the received bid and the reason for rejection? (i.e. letters, memos, telephone calls, meetings, etc.)**

**6. Complete the attached Documentation Form(s) to further explain good faith efforts to obtain M/WBE participation on this project.**



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Project Name & Bid/Contract #: \_\_\_\_\_ #: \_\_\_\_\_

| Firm Name and M/WBE Certification Number | Person Contacted and Date | Telephone Number and Email Address | Type of Work | Method of Communication (Telephone/Email) | Response |
|--|---------------------------|------------------------------------|--------------|---|----------|
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |

Please use the form(s) below if additional space is needed. Intentional misrepresentation could result in criminal prosecution.

Officer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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Project Name & Bid/Contract #: \_\_\_\_\_ #: \_\_\_\_\_

Table with 6 columns: Firm Name and M/WBE Certification Number, Person Contacted and Date, Telephone Number and Email Address, Type of Work, Method of Communication (Telephone/Email), and Response. The table contains 7 empty rows for data entry.

Please use the form below if additional space is needed. Intentional misrepresentation could result in criminal prosecution.

Officer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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|--|---------------------------|------------------------------------|--------------|---|----------|
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |

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Officer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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(Note: Please use the Tab button or mouse to select the next section. Please DO NOT use the "Enter" key.)

Project Name & Bid/Contract #: \_\_\_\_\_ #: \_\_\_\_\_

| Firm Name and M/WBE Certification Number | Person Contacted and Date | Telephone Number and Email Address | Type of Work | Method of Communication (Telephone/Email) | Response |
|--|---------------------------|------------------------------------|--------------|---|----------|
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |
|  |                           | - -                                |              |   |          |

Please use this form if additional space is needed. Intentional misrepresentation could result in criminal prosecution.

Officer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_