

## **Small Business Enterprise Program Utilization Form**

Solicitation/Project Name:		Solicitation #	:	
Firm Name:	Fir	m Phone #		
Firm Address:	City:	State:	Zip:	
Compliance Contact:	Phone #:	Email Addr	ress:	
Is Your Firm Certified:	Certifying Agency: DFWMSDC NCTR	CA WBC-Southwest	Other:	
Total Bid Amount:	Amount self-performed:	Percentage self-per	formed:	
	Utilizatio	on Plan		

List the firms that will be utilized on the project. Provide copies of correspondence.

SBE certified subcontractors/suppl	•	•						
Firm Name & SBE Certification #	Person Contacted & Date	Address	Phone & Email Address	Type of Work	NAICS Code	Local or Non-Local	Dollar Amount	% of contract
						Total	\$	%



Non SBE certified subcontractors/s	upplier.	<mark>s</mark>							
Firm Name	Tier	Person Contacted & Date	Address	Phone & Email Address	Type of Work	NAICS Code	Local or Non-Local	Dollar Amount	% of Total Contract
							Total	\$	%
Prime Printed Name:			Title:	Signature:		_ Da	ate:		
			For Use by SBE Office	e Only					
SBE Compliance Officer:SBE Notes:		Date:							



## **Good Faith Efforts Form**

The Good Faith Efforts Form must be fully completed if the aspirational goal is <u>not</u> met.

1. Did you speak with or receive assistance from a staff member in the Small Business Enterprise

2. Did you utilize a Dallas County SBE v	rendor list? If not,	please explain?					
Vendor List Accessed			Date of Access				
3. Did you provide written notice to posubcontractor/supplier opportunities all correspondence, including accep	es, and deadline fo	or submission to r	respondent no less	than 7 day	s before bid submi		Company Selected (\
		Date					or N)



1.	2.	3.	
4.	5.	6.	
opportunities in detail, inc	publications or with local advocacy organiza cluding a contact person and deadlines. Pleas	tions? The advertisement must identify and describe provide a copy.  Date of Publication	cribe subcontracting
Publicati	on wante	Date of Publication	