

Exhibit B - Office of Civil Rights - Good Faith Efforts Consolidated Form (Includes Parts A-I)

This form will assist you in demonstrating that you met the DBE goal or made adequate good faith efforts to meet the goal. You must provide this form and all supporting GFE documentation to the MnDOT Office of Civil Rights prior to the submission due date identified in **Table B** of the DBE Special Provisions.

PART A – PI	RIME CO	NTRACTOR'S	INFORMATION	Y (You must compl	ete this part.)		
COMPANY NAME							
ADDRESS STRI	EET	C	ITY	STATE	ZIP CODE		
PHONE #		FAX #		EMAIL ADDRESS	;		
CONTACT PERSON			TITLE				
DAT	D.T. D. D.D.		IDON -				
STATE PROJECT #	KTB-PK		IPTION (You mus				
STATE PROJECT#		CONTRACT # (If Appli	cable)	☐Attach copy of M	InDOT Advertisement		
ANTICIPATED START DATE (Based on progress	schedule)	EXPECTED COMPLI	ETION DATE (Based	ed on progress schedule)		
70	vs	DMMITMENT %	(Type of GFE Informa ☐ Pre-award ☐ Post-award/Execution	on			
TOTAL DBE PARTICIPATION	DOLLARS B	ASED ON ADVERTIS	ED DBE GOAL (Total p	rime bid \$ * DBE % Goal)			
2122		CT CT 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
TOTAL PRIME BID	<u>– PROJE</u>	<u>CT SUMMARY</u>	AMOUNTS (Yo	u must complete th	is part.)		
TOTAL I KIML BID					\$		
TOTAL DOLLARS COMMITTE	\$						
TOTAL DOLLARS COMMITTE	ED TO DBE'S	(Not including suppliers)			\$		
TOTAL DOLLARS COMMITTE	ED TO DBE S	UPPLIERS (Total paid to I	OBE suppliers 60%)		\$		
WORKED PERFORMED BY PR	RIME				\$		
PERCENT OF WORK PERFOR	MED BY PRII	ME			%		
TOTAL DBE PARTICIPATION	REMAINING	(Difference between DBE go	al \$ and DBE commitment \$)		\$		



State Project Number:

Contractor:

PA	RT D – BIDD	ERS LIST - DBE	QUOTES	S SUBMITTED (You must compl	ete this part. If the project is let by MnDOT, yo	ou must submit information	l
thro	ough the AASHTOV	Vare Project CRL abou		otes you have received <u>and</u> enter your			
List their	E COMMITMENTS all DBE firms who provide quote(s). BE Contractor I	ed quotes or bid proposals. Indica	ate whether the q	uotes were accepted. Please include a copy of	Description of Work	Dollar Amount Of Bid/Proposal.	Will Firm Be Used?
	DBE Contractor Name						Yes
	Contact Name						
1.	Address						No
	Federal Tax #		E-mail				
	Phone		Fax:				
	DBE Contractor Name						Yes
	Contact Name						
2.	Address						No
	Federal Tax #		E-mail				
	Phone		Fax				
	DBE Contractor Name						Yes
	Contact Name						
3.	Address						No
	Federal Tax #		E-mail				
	Phone		Fax				
	DBE Contractor Name						Yes
	Contact Name						
4.	Address:						No
	Federal Tax #		E-mail				
	Phone		Fax				



State Project Number:

Contractor:

PART E- BIDDERS LIST - NON-DBE QUOTES SUBMITTED (Complete this part only if the project is let by a local governmental unit. If the project is let by MnDOT, you must submit information about bids/quotes you have received through the AASHTOWare Project CRL online system rather than on this form.)

List a	quote(s).	ENTS ovided quotes or bid proposals. Ir actor Information	ndicate whether t	he quotes were accepted. Please include a copy of	Description of Work	Dollar Amount Of Bid/Proposal.	Will Firm Be Used?
	NON-DBE Contractor Name						Yes
1.	Contact Name						
	Address						No
	Federal Tax #		E-mail				
	Phone		Fax:				
	NON-DBE Contractor Name						Yes
	Contact Name						
2.	Address						No
	Federal Tax #		E-mail				
	Phone		Fax				
	NON-DBE Contractor Name						Yes
	Contact Name						
3.	Address						No
	Federal Tax #		E-mail				
	Phone		Fax				
	NON-DBE Contractor Name						Yes
	Contact Name						
4.	Address:						No
	Federal Tax #		E-mail				
	Phone		Fax				

Make additional copies of this page as necessary



State Project Number:

Contractor:

PART F - SOLICITATION OF SUBCONTRACTORS, SUPPLIERS, AND SERVICE PROVIDERS (Complete this part only if DBE goal is not met.)

List all subcontractors solicited, both DBE and non-DBE contractors, truckers and suppliers for this specific project. Include initial contact and follow-up dates, as well as methods of contact (Phone, Fax, Email, etc.).

The good faith effort submission should include evidence of the solicitation effort such as; copies of request for bids sent to DBE firms with the name of the DBE firms clearly identified; fax confirmation sheets showing the date, fax number, name of DBE firm, confirmation the fax was sent; list of all DBE firms called time of call, person contacted and response; or email lists with time/day sent clearly indicated etc.

Subcontractor/Supplier/Service provider		E?	Phone #	Dates, Method of Contact		Description of Work	Dollar Amount of Quote
	Yes	No		DATES	METHOD		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Make additional copies of this page as necessary



State Project Number: Contractor:

PART G - DBES QUOTED BUT NOT SELECTED (Complete this part only if DBE goal is not met.) If DBE quotes were rejected, if necessary, attach a separate sheet of paper explaining the specific basis for rejecting any DBE quote. Note: Additional cost is not in itself sufficient reason for rejecting a DBE quote. However, prime contractors need not accept excessive or unreasonable DBE quotes. The contractor's standing within its industry or memberships in specific groups (for example union vs. non-union employee status) are not legitimate causes for the rejection or non-solicitation of a quote in the contractor's efforts to meet the project goal. Please include a copy of the quote(s) received. DBE QUOTE DBE FIRMS WHO QUOTED, TYPE OF WORK FIRM SELECTED REASON NOT SELECTED BUT WERE NOT SELECTED QUOTED FOR SCOPE QUOTED

Make additional copies of this page as necessary





Office of Civil Rights-Good Faith Efforts Consolidated Form

State Project Number: Contractor:

PART H – DESCRIPTION OF GOOD FAITH EFFORTS (Complete this part only if DBE goal is not met. Use

additional sheets if necessary.)

Please describe below or in a separate letter any aspects of your efforts to obtain DBE participation that are not already apparent from the information provided in parts A-G. This is an opportunity to "tell the story" of your GFE. Please give special attention to the factors identified in **Attachment 2** of the DBE special provisions and 49 CFR Part 26, Appendix A. The following questions may help you organize your description. **The questions below are not intended to be a checklist or an exhaustive list of what is considered in evaluating GFE.** Information not submitted will not be considered in making a finding of Good Faith Efforts.

Questions to consider:

- Did you use the current DBE directory to identify DBEs?
- Did you break out work into units that small businesses such as DBEs could reasonably perform?
- Did you solicit DBE participation for work you could have self-performed?
- Did you overlook any DBEs whose business operations are geographically close to the project?
- Did you host any DBE informational workshops or attend any MnDOT sponsored DBE events?
- Did you contact minority business organizations about DBE opportunities?
- Did you send timely written (fax, e-mail, etc.) solicitation notices to certified DBEs?
- Did your solicitation notice include the following information? name and location of project, bid date, scope of work requested, location where DBEs can review plans and specifications, date and time to submit quote, contact name for technical assistance, any special requirements
- Did you provide any contacts for possible bonding, insurance, or lines of credit?
- Did you provide any technical assistance relative to bonding, insurance, or lines of credit?
- Did you maintain a follow-up log to track responses to your initial solicitations?
- Did you track the following information after initial solicitation? name of DBE firm, type of contact (fax, telephone, e-mail, etc.), date and time DBE contacted, name of contact person, response received, reason for DBE not bidding (if applicable)
- Did you receive bids from DBE's that you did not accept? If so, what were your reasons?

Type Response Below:



Exhibit B - Good Faith Efforts Consolidated Form

PART I – CERTIFICATION / GOOD FAITH EFFORTS AFFIDAVIT (You must complete this part.)

STA	TE OF MINNESOTA						
COU	JNTY OF						
I,	(Full Name)	, being f	, being first duly sworn, state as follows:				
1.	I am the(Title)	of(Name of I	ndividual, Company, Partnership, or Corporation)				
	that has submitted a bid for S	tate Project					
2.	I have the authority to make t	his affidavit for and on behalf	of the apparent low bidder.				
3.	The information provided in the best of my belief.	the attached Good Faith Effor	ts Consolidated Form is true an	d accurate to			
SIGNA	ATURE (Bidder or Authorized Representative)	TITLE	DATE				
Subs	scribed and sworn to before me the	his day of	, 20				
	Notary Public						
Мус	commission expires	, 20					

Pursuant to 49 CFR § 26.107, if any person or firm has willfully and knowingly provided incorrect information or made false statements in connection with the Federal DBE program, the USDOT may initiate suspension or debarment proceedings against such person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.