

Good Faith Efforts

Date:	Authorized Representative:		
Prime Contractor			
FCEO Project Number			
FCEO Project Manager			
Original Contract Amount			
EBE Goal Percentage			
EBE Goal Amount			
EBE Shortfall			

ORIGINAL APPROVED EBE PLAN	
EBE Subcontractor	Amount
	\$
	\$
	\$
	\$
	\$
Total EBE Plan	\$

Project Description	
Work Begin Date	
Substantial Work Completion Date	

Reason for Shortfall
*

*Provide explanation for shortfall including dates of notifications (i.e. work non-performed, quantities estimated vs actual, plan changes etc.).

Good Faith Efforts

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**		
Subcontractor Contacted	Amount/Date of Bid	Work Items

** Provide a description of overall Good Faith Efforts to mitigate shortfall.

***Provide explanation of why the replacement firm (EBE, Non-EBE, or Self Performance) was/was not used in the spaces provided. If unable to reach the EBE firm, detail how you attempted to reach the EBE firm and the number of times you attempted to reach the EBE firm.

Summary

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Please attach appropriate documentation (i.e. e-mail chains, letters of non-acceptance, phone logs, copies of replacement subcontracts, etc.) of the Good Faith Efforts listed above.