

DEMONSTRATION OF GOOD FAITH EFFORTS

Project Name _____	Project Number _____
Contractor Name _____	Federal Tax I.D. _____

This document (GFE-1 and GFE-2) must be completed and received by the Ohio Turnpike and Infrastructure Commission within two (2) calendar days of the Bid Opening.

1. List all subcontractors and material suppliers certified as a SBE that the Contractor intends to use for this Project, the Work to be performed, and the approximate amount to be paid to each.

2. Indicate how the Contractor subdivided portions of the work or services to increase the likelihood of participation by firms certified as a SBE in the Project. (Attach additional pages if needed, and all supporting documentation.)

3. Indicate the services or organizations that provided assistance to you in identifying and recruiting firms certified as a SBE in preparing the Bid. (Attach additional pages if needed, and notes of each contact listed.)

Organization _____	Date of Contact _____
Contact _____	Phone Number _____

Organization _____	Date of Contact _____
Contact _____	Phone Number _____

4. List all the SBE entities to which you supplied adequate and timely information about the Plans, Specifications and requirements of the Contract. (Attach additional pages if needed, and copies of all transmittals, any shipping receipts or documentation of providing info. etc.)

Business _____	Contact Name _____	Date _____
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Business _____	Contact Name _____	Date _____
_____	Contact Name _____	Date _____

Business _____

Business _____ Contact Name _____ Date _____

Business _____ Contact Name _____ Date _____

5. List the names, addresses, dates and telephone numbers of all the SBE entities with which you negotiated relative to this Contract and the general scope of work negotiated. (Attach additional pages if needed, and the reason negotiations or bids were not successful.)

Business _____	Business _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Contact _____	Contact _____
Phone _____	Phone _____
Date of contact _____	Date of contact _____
Scope of Work _____	Scope of Work _____

Business _____	Business _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Contact _____	Contact _____
Phone _____	Phone _____
Date of contact _____	Date of contact _____
Scope of Work _____	Scope of Work _____

6. List all interested of the SBE entities which you rejected to perform the Work of the Contract. Please provide the specific reason(s) for the determination. (Attach additional pages if needed.)

Business _____
Reason(s) for rejection _____

Business _____
Reason(s) for rejection _____

Business _____
Reason(s) for rejection _____

Business _____
Reason(s) for rejection _____