

Good Faith Efforts – SBE

Date:

Authorized Representative:

Prime Contractor	
ODOT Project Number or PID	
ODOT District and LPA (if applicable)	
Original Contract Amount	
SBE Goal Percentage	
SBE Goal Amount	
SBE Shortfall	

ORIGINAL APPROVED SBE PLAN

SBE Subcontractor	Amount
	\$
	\$
	\$
	\$
	\$
Total SBE 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 by ODOT or the LPA, quantities estimated vs actual, plan changes etc.).

Good Faith Efforts
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Subcontractor Contacted	Amount/Date of Bid	Work Items

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

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

Summary

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.