

PRIME CONTRACTOR GOOD FAITH EFFORTS

Prime Contractor _____

Project Number ERM-CCNA-2019

Scope of Service	Line Item No.	SMWBE Type for Goal	Certified Firm Name, Address, Phone, Email and Contact Person	Methods of Contact	Number of times contacted	Contact Date(s)	Certified Firm Response	Results of Contact (why suitable or not suitable for work)
		SBE		Phone				
		MBE		E-mail				
		WBE		Fax				
		SMWBE		Pre-Bid				

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