

ATTACHMENT I
D/S/W/MBEs Contact List

A DBE goal has been established for the above-captioned project (see Section VII of the solicitation documents for more information). Each responding firm must use this Attachment I to document all attempts that is made to contact D/S/W/MBEs to work on the project.

Pursuant to 49 CFR Part 26, Section 26.53, in the instance where the DBE goal is not met, a contract cannot be awarded to a firm that has not or cannot demonstrate good faith efforts to obtain DBE participation on the project. The firm selected for a contract award and that has not met the DBE for the project will be required to submit evidence of its good faith efforts to meet the DBE goal. Please refer to 49 CFR Part 26 for more information about what constitutes good faith efforts.

D/S/W/MBE Information

| | Name & Address | Person Contacted | Method of Contact | | Date of Contact |
|----|----------------------|----------------------|---|---|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> E-mail <input type="checkbox"/> Fax | <input type="checkbox"/> Phone <input type="checkbox"/> Mail | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> E-mail <input type="checkbox"/> Fax | <input type="checkbox"/> Phone <input type="checkbox"/> Mail | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> E-mail <input type="checkbox"/> Fax | <input type="checkbox"/> Phone <input type="checkbox"/> Mail | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> E-mail <input type="checkbox"/> Fax | <input type="checkbox"/> Phone <input type="checkbox"/> Mail | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> E-mail <input type="checkbox"/> Fax | <input type="checkbox"/> Phone <input type="checkbox"/> Mail | <input type="text"/> |

Responding Firm _____

Name & Title of Authorized Official _____

Signature of Authorized Official _____

Date _____