## Compliance Good Faith Effort page 1 of 2

Prime			Date	Date			
Project ID			Contract Number	Contract Number			
EPIN Number			Contract Value	Contract Value			
Start Date		End Date	M/WBE Participation Goal				
Percentage of Completion			Amount of Shortfall Based on Pay	Amount of Shortfall Based on Payments to Date			
Prime Payment to Date			Prime Payments to M/WBE Subco	Prime Payments to M/WBE Subcontractors			
Please c	omplete the information be	·low:					
M/WBE Subcontractor		Scope of Work	Amount Paid to Date to M/WBE Subcontractor	Open B	Open Balance to Subcontractor		
			Total:	Total:			
			I				
docume agency r	ntary and other evidence, th must consider the following	nat it made all reasonable, good factors, as applicable, along wi	ove a modification request if it finds to faith efforts to meet the goals set fo ith any other relevant factors (see 6- supporting documentation and/	r the contract. In maki 129(i) (12) of the NYC	ng its det	terminatio	n, the
Advertise opportunities to participate in the contract, where approprofessional association publications and small business media, arbusiness organizations?					Yes	No	N/A
2.	Provide notice of specific business organizations?	opportunities to participate in the	he contract, in a timely manner, to mi	inority and women's	Yes	No	N/A
3.	Send written notices, by certified mail or facsimile, in a timely manner, to advise M/WBEs that their interest in the contract was solicited?				Yes	No	N/A
4.	Make efforts to identify portions of the work that could be substituted for portions originally designated for participation by M/WBEs in the contractor utilization plan, and for which the contractor claims an inability to retain M/WBEs?				Yes	No	N/A
5.	Hold meetings with M/WBEs prior to the date bids or proposals were due, for the purpose of explaining in detail the scope and requirements of the work for which their bids or proposals were solicited?				Yes	No	N/A
6.	Make efforts to negotiate with M/WBEs, as relevant, to perform specific subcontracts or service providers?				Yes	No	N/A
7.	Make timely written requests for assistance to the DDC M/WBE Outreach and Compliance Analyst and to Department of Small Business Services (SBS)?				Yes	No	N/A
8.	Please describe how recommendations made by SBS and DDC were acted upon and provide an explanation why action upon such recommendations did not lead to the desired level of participation by M/WBEs.				Yes	No	N/A
9.	Contacted SBS for a list of M/WBE referrals and for outreach assistance?				Yes	No	N/A
10.	Contacted SBS for a list	of M/WBE-focused industry pul	blications?		Yes	No	N/A



## Compliance Good Faith Effort page 2 of 2

Please indicate below the scope(s) of work currently available for subcontracting opportunities. If you have not identified a specific subcontractor for a particular scope, please indicate if you intend to award that scope of work to an M/WBE or non- M/WBE subcontractor. Subcontractor Subcontracting Amount Scope of Work For Office Use Only (ODIR UNIT) Analyst Print Name Signature Date Reviewed (MM/DD/YY)