Consultant Good Faith Efforts

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| **Project Information** | |
| **Date Good Faith Effort Template Provided:** |  |
| **Prime Consultant:** |  |
| **C/R/S:** |  |
| **ODOT Agreement Number:** |  |
| **PID No.:** |  |
| **ODOT Office / District:** |  |
| **Agreement Goal and Fee Information** | |
| **Agreement Amount:** |  |
| **Agreement DBE / EDGE Goal Percentage:** |  |
| **Agreement DBE / EDGE Goal Amount(1):** |  |
| **Invoiced (or projected billing)** | |
| **Total Work Invoiced:** |  |
| **Balance Remaining in Agreement:** |  |
| **DBE / EDGE Goal Amount:** |  |
| **DBE / EDGE Goal Percentage:** |  |
| **DBE / EDGE Shortfall:** |  |
| **Project Closeout Information** | |
| **Agreement completion date (actual or target):** |  |
| **Final Invoice (yes or no):** |  |

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| --- | --- |
| **DBE / EDGE PLAN(2)** | |
| **DBE / EDGE Subconsultant** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total DBE / EDGE Plan (1)** | $ |

1. Should match Total DBE / Plan
2. Attach copy of “Active” Participation Plan

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| **Project Description** |
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| **Reason for Shortfall** |
| \* |

\*Provide explanation for shortfall including dates of notifications (i.e. work non-performed by ODOT, quantities estimated vs actual, plan changes etc.).

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| **Good Faith Efforts** | | |
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| **Subconsultant Contacted** | **Proposal Amount** | **Work Description** |
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\*\* Provide a description of overall Good Faith Efforts to mitigate shortfall.

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

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| **Summary** |
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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.