



**CITY OF DALLAS- Department of Aviation  
DBE Sub-Contractor – DBE Supplier – DBE Service Provider Business Inclusion Form  
Documentation of Good Faith Effort (GFE) Sufficiency**

**Project Name:** \_\_\_\_\_

**Bid/Proposal#:** \_\_\_\_\_

**Firm Name/Address/Telephone #:** \_\_\_\_\_

**1. Did you meet with a staff member of Business Development and Procurement Services (BDPS) for assistance in obtaining DBE information?**

Please make a selection:  
 YES    NO

**If Yes, Name of staff  
Member & Meeting  
Date:** \_\_\_\_\_

**2. Did you access a current AC/DBE directory or listing from the City's BDPS ResourceLINK Team, TUCP website or NCTRCA for this project?**

Please make a selection:    YES    NO

**If Yes, Indicate Listing or Directory  
Accessed and Date of Access:** \_\_\_\_\_

**3. Did you solicit bids or proposals from DBEs or provide written notice to potentially interested DBEs regarding subcontracting opportunities for this project?**

Please make a selection:    YES    NO

**If Yes, Date of Solicitation/Written Notice:** \_\_\_\_\_

**4. If DBE bids or proposals were received and rejected, attach the rejected bid/proposal(s) and documentation explaining the reason for the rejection.**

**5. Please complete the contact information table found on pages 4-5 of this document to further demonstrate that a good faith effort was made to**

**obtain DBE participation on this project.** Written notices to firms by proposer/bidder for specific scopes of work identified for this project must be provided to potential subcontractors/suppliers not less than 10 days prior to proposal/bid date to allow the potential subcontractor time to respond. List all of the DBE firms contacted for sub-contracting, supplier or service provider opportunities that will NOT be utilized on this project and where indicated, provide the reason why. Please attach a copy of the written notice/solicitation sent as well as any written documentation from DBEs who responded to your bid/proposal notice (i.e. quotes, or e-mails).

6. Did you attend the pre-proposal/pre-bid conference scheduled by the City for this project?

Please make a selection:  YES  NO

7. List any DBE/ACDBE Contractor Associations and/or other associations utilized to solicit DBE/ACDBE subcontractors/suppliers.

8. Discuss any efforts you made to define additional elements of the work proposed to be performed by DBE/ACDBEs in order to increase the likelihood of achieving the goal.

9. Indicate any advertisement mediums used for soliciting bids from DBE/ACDBEs (if applicable, please attach a copy of advertisement(s)).

10. Indicate efforts taken to assist DBE/ACDBEs in obtaining bonding, letters of credit or insurance (if applicable).

11. Indicate efforts to assist interested DBE/ACDBE's in obtaining necessary equipment, supplies, materials or related assistance or services for this project.

**12. Please provide the Name, Title, Phone number and Email address of the person appointed to coordinate the Federal DBE/ACDBE Good Faith Effort Plan of your company for this project:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The Bidder's/Proposer's Good Faith Effort Plan for Federally Funded Contracts must be approved by the City of Dallas, Aviation Department prior to award of this contract. Final approval in determining Good Faith Effort Sufficiency rests with the Department of Aviation.

**AFFIRMATION**

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND AND AGREE THAT THIS DOCUMENT SHALL BE ATTACHED THERETO AND BECOME A BINDING PART OF THE CONTRACT.

Name and Title of Authorized Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Dallas Love Field Airport Use Only:**

Plan Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation:      Approval: \_\_\_\_\_      Denial: \_\_\_\_\_

Signature: \_\_\_\_\_



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**CONTACT INFORMATION TABLE**

**Project Name:** \_\_\_\_\_ **Bid/Proposal #:** \_\_\_\_\_

Firm Name and AC/DBE Certification Number	Telephone Number and Address/EmailAddress	Proposed Scope of Work/Type of Supplies	Proposed Contract \$ Amount or Proposed % Level of Participation	Name of Person Contacted	Method of Contact (Phone/Email/Fax) & Date of Contact	Firm's Response/ Reason For Contract Non-Participation

Please use this page and Page 5 of this form if additional space is needed. Copy and attach additional pages of 4 or 5 as needed.

**Intentional misrepresentation could result in criminal prosecution.**

**Officer's Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**Officer's Signature:** \_\_\_\_\_

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**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_