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| --- | --- | --- | --- | --- |
| Project Name |  |  | Project Number |  |
| Vendor Name |  |  | Federal Tax I.D. |  |
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This document must be attached to a Request for Partial Waiver of the SEBE Utilization Plan Goal on the Vendor’s company letterhead, executed SEBE Statements of Intent to Contract and Perform, and full and complete supporting documentation.

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| **1. Indicate how you selected (if applicable) portions of the work or services to increase the likelihood of SEBE participation.** (Attach additional pages if needed, and all supporting documentation.) | | | | | |
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|  | | | | | |
| **2. Indicate your use of the list of SEBE businesses. When answering “yes,” also indicate the date(s) you used the list.** (Attach printed copies of all Web searches listed.) | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Utilized SEBE List? | Yes | No | | | | | | | | Date(s) Utilized |  | |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | | **3. Indicate the services or organizations that provided assistance to you in identifying and recruiting SEBE-certified business used in preparing the proposal or Bid.** (Attach additional pages if needed, and notes of each contact listed.) | | | | | | Organization |  |  | Date of Contact |  | | Contact |  |  | Phone Number |  | |  | | | | | | Organization |  |  | Date of Contact |  | | Contact |  |  | Phone Number |  | | | | | | |
|  | | | | | |
| **4. List all SEBE businesses contacted.** (Attach additional pages if needed, and notes of each contact listed.) | | | | | |
| SEBE Business |  | Contact Name |  | Contact Date |  |
| SEBE Business |  | Contact Name |  | Contact Date |  |
| SEBE Business |  | Contact Name |  | Contact Date |  |
| SEBE Business |  | Contact Name |  | Contact Date |  |

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| **5. List all SEBE firms to which you supplied adequate and timely information about the plans, specifications and requirements of the contract.** (Attach additional pages if needed, and copies of all transmittals, shipping receipts, etc.) | | | | | | | | | | | |
| SEBE Business | | |  | | | Contact Name | | |  | Contact Date |  |
| SEBE Business | | |  | | | Contact Name | | |  | Contact Date |  |
| SEBE Business | | |  | | | Contact Name | | |  | Contact Date |  |
| SEBE Business | | |  | | | Contact Name | | |  | Contact Date |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **6. List the names, addresses, dates and telephone numbers of all SEBE-certified firms with which you negotiated relative to this contract.** (Attach additional pages if needed, and the reason negotiations or bids were not successful.) | | | | | | | SEBE Business |  | |  | SEBE Business |  | | Address |  | |  | Address |  | | City, State, Zip |  | |  | City, State, Zip |  | | Contact |  | |  | Contact |  | | Phone |  | |  | Phone |  | | Date of contact |  | |  | Date of contact |  | |  | | | | | | | SEBE Business |  | |  | SEBE Business |  | | Address |  | |  | Address |  | | City, State, Zip |  | |  | City, State, Zip |  | | Contact |  | |  | Contact |  | | Phone |  | |  | Phone |  | | Date of contact |  | |  | Date of contact |  | |  | | | | | | | **7. List all interested SEBEs which were not selected and the reason(s) for the non-selection.** (Attach additional pages if needed.) | | | | | | | SEBE Business | |  | | | | | Reason(s) for rejection | |  | | | | |  | | | | | | | SEBE Business | |  | | | | | Reason(s) for rejection | |  | | | | |  | | | | | | | SEBE Business | |  | | | | | Reason(s) for rejection | |  | | | | |  | | | | | | | SEBE Business | |  | | | | | Reason(s) for rejection | |  | | | |   **Vendor Certification**  The named Vendor certifies that the information it has provided in this document and its attachments are true and accurate. | | | | | | | | | | | |
|  | Name |  | | | | |  |  | | | |
|  |  | | |  |  | |  |  | | | |
|  | Signature | | |  | Date | |  |  | | | |