|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.) |
|       |
|  |
| **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.) |
|

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| --- | --- | --- |
| Utilized SEBE List? | [ ]  Yes | [ ]  No |
| Date(s) Utilized |       |  |       |  |       |  |       |
|  |       |  |       |  |       |  |       |

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| **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 |       |

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|  |
| **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 |       |
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| **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 |  |  |