

PRIME CONTRACTOR GOOD FAITH EFFORTS

Prime Contractor _____

Project Number _____

Scope of Service	Line Item No.	Certified Firm Name, Address, Phone, Email and Contact Person	Methods of Contacts	Number of times contacted	Contact Dates	Certified Firm Responses	Results of Contact (why suitable or not suitable for work)
			Phone				
			E-mail				
			Fax				
			Pre-Bid				

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