

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 Contact	Number of times contacted	Contact Date(s)	Certified Firm Response	Results of Contact (why suitable or not suitable for work)
			Phone				
			E-mail				
			Fax				
			Pre-Bid				

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