



**MINNESOTA DEPARTMENT OF TRANSPORTATION
OFFICE OF CIVIL RIGHTS**

CERTIFICATE OF GOOD FAITH EFFORTS

State Project Number: _____ Letting Date _____ **TGB** **VET**
 Prime Contractor _____ Commitment _____ Commitment _____
 Proposed Cost _____ Goal _____ Goal _____

LIST YOUR SOLICITATION OF ALL SUBCONTRACTORS, SUPPLIERS, AND SERVICE PROVIDERS

| Subcontractor/Supplier/Service provider | TGB | VET | Phone | Dates, Method of Contact | | Description of Work | Dollar Amount of Quote |
|---|-----|-----|-------|--------------------------|-------|---------------------|------------------------|
| | | | | Letter | Phone | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
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| 10. | | | | | | | |

(Make additional copies of this form as necessary)

I certify that the information above is true, accurate, and complete.

Responder or Authorized Representative

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