

FORM 2**Good Faith Effort (GFE) Program,
COBID-CERTIFIED SUBCONTRACTORS, CONTACT AND BIDS RECEIVED LOG**

Failure to submit this form by 4:00 pm on the day the bid is due shall result in the bid being rejected as non-responsive.

Bidder Name		Bid Number	
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Bidders shall record their contacts with COBID-Certified subcontractors through the use of this log. All columns must be completed.

Additional copies of this form may be used if needed.

Name of COBID-Certified Firm	Division of Work (Painting, Electrical, HVAC, etc...)	Date Initial letter, email, or FAX sent	Follow up Phone Contact		Bid Activity					Reason Firm not used, use the space below to add details.
			Date of call	Person receiving call	Will Bid	Bid Received	Bid Used	Bid Amount		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other