



**IP-III DPS COMMUNITY INCLUSION EDBE/EDGE AND WORKFORCE PARTICIPATION FORM**

RFP: 16-846

**Project Name:** \_\_\_\_\_ **Prime Contractor** \_\_\_\_\_ **Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Dayton Board of Education has adopted a Community Inclusion Program for the Dayton Public School District. This form is to be used to record EDBE/EDGE firms contacted, good faith efforts made and any resultant participation under the aforementioned Program. The completed form should be submitted at the time of bid by the prime contractor. In order to participate in this Program, EDBE/EDGE contractors must be certified under the rules and regulations pertinent to this program. When determining the level of EDBE/EDGE participation, only the total work performed by the EDBE/EDGE, either singularly or severally, will be considered. Refer to Good Faith Effort (GFE) in the bid specifications for evaluation criteria. Contact the DPS point of contact for solicitation with questions regarding this form.

List all Economically Disadvantaged (EDBE/EDGE) Firm's Contacted	Describe how EDBE/EDGE firm contacted and follow-up	Bid Rcvd? Yes, \$Amt	Check type of bid and describe work scope to be provided	List bid \$ amount, if bid low, and negotiation results	Describe attempt to carve out a smaller work scope	\$ Amount to EDBE/EDGE PO/contract Info	% of Base Bid
_____ Disadvantaged Firm Name _____ Tax I.D. Number _____ Street Address _____ City/State/Zip Code _____ Contact Name/Phone/Email	Fax Date ____ Phone Date ____ Email Date ____ News Ad Date ____ Follow-up? Yes No Describe:	__ Yes __ No \$ _____	___ Prime ___ SubContract ___ Joint Venture ___ Service ___ Supplies or Equipment <b>Describe:</b>	Bid \$ _____ Low Bid? ___ Yes ___ No ___ % over low bid Negotiation? ___ Yes ___ No If not, why? Yes, Date _____ <b>Describe results</b>		\$ _____ PO/Contract # _____ Date _____ In none, expected PO date: _____ <b>Copy of PO/Contract must be forwarded to DPS Compliance Agent</b>	
_____ Disadvantaged Firm Name _____ Tax I.D. Number _____ Street Address _____ City/State/Zip Code _____ Contact Name/Phone/Email	Fax Date ____ Phone Date ____ Email Date ____ News Ad Date ____ Follow-up? Yes No Describe:	__ Yes __ No \$ _____	___ Prime ___ SubContract ___ Joint Venture ___ Service ___ Supplies or Equipment <b>Describe:</b>	Bid \$ _____ Low Bid? ___ Yes ___ No ___ % over low bid Negotiation? ___ Yes ___ No If not, why? Yes, Date _____ <b>Describe results</b>		\$ _____ PO/Contract # _____ Date _____ In none, expected PO date: _____ <b>Copy of PO/Contract must be forwarded to DPS Compliance Agent</b>	

Dollar Amount of Prime Contractor's Base Bid \$ \_\_\_\_\_ Total Dollar EDBE/EDGE contracts \$ \_\_\_\_\_ Percent EDBE/EDGE awards to base bid \_\_\_\_\_ % Percent anticipated School District Workforce \_\_\_\_\_ % Contractor certifies information provided is true, and that no changes to EDBE/EDGE contractors will be made with out notifying DPS Compliance office or acting agency, so that attempts can be made to substitute with another EDBE/EDGE contractor. Contractor further certifies intent to actively seek and engage in continued activity to increase participation with contractors and/or School District Workforce in an attempt to meet District's 35% EDBE/EDGE and 25% school district workforce goals.

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

The afore-named party is authorized to duly attest to this document on this \_\_\_\_\_ day of \_\_\_\_\_ before Notary Public \_\_\_\_\_ State of \_\_\_\_\_ Commission expires \_\_\_\_\_ affix seal here.

DPS 8/08 Please duplicate this form as required to document all EDBE/EDGE contacts, good faith efforts and contracts awarded towards the Districts 35% EDBE/EDGE goal. Attach any supporting documents to this form. Notarize final sheet only.