



**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.							
4.							
5.							
6.							
7.							
8.							
9.							
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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