**GOOD FAITH EFFORT PLAN (GFEP) FOR PROFESSIONAL**

**AND OTHER CONSULTING SERVICES SUBCONTRACTS**

Respondent’s commitment to SAWS SMWB policy will be based upon efforts to meet or exceed the minimum aspirational SMWB goal of 25%. The minimum goal will be based on the total contract value. Points will be awarded based on the formulas below:

* + - * Minority and Women Owned Firms primes
				+ Awarded 100 points plus
				+ Subcontractor SMWB Program % participation X 200

Maximum of 150 points

* + - * Small Business Enterprises (SBEs) primes
				+ Award 50 points plus
				+ Subcontractor SMWB Program % participation X 200

Maximum of 100 points

* + - * Non-SMWB primes
				+ Subcontractor SMWB Program % participation X 200
				+ Maximum of 100 points

The successful Respondent will be required to electronically report actual payments to all subcontractors utilizing the Sub-contracting Payment and Utilization Reporting (S.P.U.R.) System through a link on SAWS’ “Business Center” web page: <https://saws.smwbe.com/>. Reporting will be required on a monthly basis or as prompted by the S.P.U.R. System through email audit requests. The Respondent and all subcontractors will be provided a unique log-in credential and password to access the S.P.U.R. System. This information will be utilized for SMWB participation tracking purposes.

|  |  |
| --- | --- |
| **NAME OF PROJECT:** |  |

**SECTION A. - PROPOSER INFORMATION:**

|  |  |
| --- | --- |
| **Name of Firm:** |  |
|  |  |
| **Address:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **City:** |  | **State:** |  | **Zip:** |  |
|  |  |  |  |  |  |
| **Contact Person:** |  | **Telephone:** |  |
|  |  |  |  |
| **Email Address:** |  | **Fax:** |  |
|  |  |
| **Is your firm Certified:** | **Yes** |  | **No:** |  | **If certified, Certification Number:** |  |
|  |  |  |  |  |  |  |
| **Type of Certification:** | **SBE** |  | **WBE** |  | **MBE** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Prime’s Percent Participation on this Project:** |  | **%** |  |

1. List **ALL** SUBCONTRACTORS/SUPPLIERS that will be utilized on this project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subcontractor****Name and Address** | **Component Level Sub will perform {see *Legend* below}****(one component per line)** | **Team Number****{if applicable}** | **Scope of Work to be Performed by Subcontractor** | **Program % Participation** | **Certification Agency*****Please attach copy of Certification Affidavit*** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

(Use additional sheets as needed)

Legend (use letter only):

**a.**) Program Management Services;

**b.**) Pipeline Design and Construction;

**c.**) Production Well Design and Construction**;**

**d.**) Reverse Osmosis Treatment Plant;

**e.**) Injection Well Design and Construction;

**f.**) Electrical / SCADA;

**g.**) Start-up, Commissioning, and Acceptance Testing Services

**SECTION B. – SMWB COMMITMENTS**

The SMWB goal on this project is 25%

1. The undersigned proposer has satisfied the requirements of the RFQ in the following manner (please check the appropriate space):

 The proposer is committed to a minimum of 25 % SMWB utilization on this contract.

 The proposer (if unable to meet the SMWB goal of 25%) is committed to a minimum of \_\_\_\_% SMWB utilization on this contract. *(****If Respondent is unable to meet the goal, please fill out Section C and submit documentation demonstrating good faith efforts****).*

2. Name and phone number of person appointed to coordinate and administer the SMWB requirements on this project.

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Title: |  |
|  |  |
| Phone Number: |  |

**IF THE SMWB GOAL WAS MET, PROCEED TO AFFIRMATION AND SIGN THE GFEP. IF GOAL WAS NOT MET, PROCEED TO SECTION C.**

**SECTION C. – GOOD FAITH EFFORTS (Please fill out only if the SMWB goal was not achieved).**

1. List all firms contacted for subcontracting/supply opportunities for this project that will not be utilized (for the contract) by choice of the proposer, subcontractor, or supplier. Written notices to firms contacted by the proposer for specific scopes of work identified for subcontracting/supply opportunities must be provided to subcontractor/supplier not less than five (5) business days **prior to the proposal due date**. The following information is required for all firms that were contacted for subcontracting/supply opportunities:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and Address of Company** | **Indicate Component Area {see Legend in Section A}****(one component per line)** | **Scope of Work to be Performed by Firm** | **Is Firm SMWB Certified?** | **Date Written Notice was Sent and Method**(Fax, Letter, Email, etc.) | **Reason Agreement was not reached?** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |

(Use additional sheets as needed)

**If the SMWB goal was not achieved, please provide SAWS copies of the written notices to all firms contacted by the proposer for specific scopes of work identified, in relation to the subcontracting/supply opportunities in the above-named project. Copies of said notices must be provided with the submittal of this proposal and will be evaluated by the SMWB Program Manager as part of the proposal evaluation process.**

2. Did you attend the pre-proposal conference scheduled for this project?

\_\_\_\_ Yes \_\_\_\_ No

3. List all SMWB listings or directories, and/or any other associations utilized to solicit SMWB Subcontractors/suppliers.

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1. Describe the efforts made to define additional elements of the work proposed to be performed by SMWBs in order to increase the likelihood of achieving the goal:

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1. Indicate advertisement mediums used for soliciting services from SMWBs. (Please attach a copy of the advertisements(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe the outreach plan developed and utilized to increase SMWB participation on this project:

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**AFFIRMATION**

I hereby affirm that the above information is true and complete to the best of my knowledge. I further understand and agree that, this document shall be attached thereto and become a binding part of the contract.

Name and Title of Authorized Official:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE:***

This Good Faith Effort Plan is reviewed by the SAWS Contracting Department. For questions and/or clarifications, please contact Marisol V. Robles, SMWB Program Manager, at (210) 233-3420. If the SMWB goal was not met, the SMWB Program Manager will evaluate the “good faith efforts” of the Respondent.