



CBI FORM 2: Solicitation Form

Copy this Form 2 as needed to document contacts.

Per Part B, Section 5.3.1 and Part C, Section 5.1 of the CBI Policy, the Bidder must make the required contacts no less than ten (10) Days before Bid Opening to receive credit for this Good Faith Effort. All contacts must be verifiable with supporting documentation reflecting the methods and content of the solicitation. All documentation must be submitted with CBI Form 2.

A Bidder must submit CBI Form 2 within the time specified in the City Solicitation Documents. If no time period is specified in the City Solicitation Documents, the Bidder must submit CBI Form 2 within three (3) Business Days after the City requests it.

Bidder Name:				
Project Name:				
Project Number:				
Number of Business Enterprises contacted by Bidder:	Total:	MBE:	WBE:	SBE:

MBE/WBE/SBE Firm (Circle One):				Contact Person:		
Scope of Work:				NIGP Commodity Code:		
Initial Contact:	Date:	Method:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Courier	
Follow-up:	Date:	Method:	<input type="checkbox"/> Phone	<input type="checkbox"/> In-Person		
Response:	<input type="checkbox"/> No response	<input type="checkbox"/> Not bidding	<input type="checkbox"/> Is bidding \$		<input type="checkbox"/> Other (explain)	
Selected:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO (explain on CBI Form 2A)				

MBE/WBE/SBE Firm (Circle One):				Contact Person:		
Scope of Work:				NIGP Commodity Code:		
Initial Contact:	Date:	Method:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Courier	
Follow-up:	Date:	Method:	<input type="checkbox"/> Phone	<input type="checkbox"/> In-Person		
Response:	<input type="checkbox"/> No response	<input type="checkbox"/> Not bidding	<input type="checkbox"/> Is bidding \$		<input type="checkbox"/> Other (explain)	
Selected:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO (explain on CBI Form 2A)				

MBE/WBE/SBE Firm (Circle One):				Contact Person:		
Scope of Work:				NIGP Commodity Code:		
Initial Contact:	Date:	Method:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Courier	
Follow-up:	Date:	Method:	<input type="checkbox"/> Phone	<input type="checkbox"/> In-Person		
Response:	<input type="checkbox"/> No response	<input type="checkbox"/> Not bidding	<input type="checkbox"/> Is bidding \$		<input type="checkbox"/> Other (explain)	
Selected:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO (explain on CBI Form 2A)				

MBE/WBE/SBE Firm (Circle One):				Contact Person:		
Scope of Work:				NIGP Commodity Code:		
Initial Contact:	Date:	Method:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Courier	
Follow-up:	Date:	Method:	<input type="checkbox"/> Phone	<input type="checkbox"/> In-Person		
Response:	<input type="checkbox"/> No response	<input type="checkbox"/> Not bidding	<input type="checkbox"/> Is bidding \$		<input type="checkbox"/> Other (explain)	
Selected:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO (explain on CBI Form 2A)				