

# EDGE Participation - Demonstration of Good Faith Effort

Division of Administration and Finance  
Planning + Design + Construction  
PO Box 210186 • Cincinnati, Ohio 45221-0186



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## Architect/Engineer, Construction Manager, or Contractor (“Vendor”)

Vendor Name \_\_\_\_\_ UC Project No. \_\_\_\_\_

Project Name \_\_\_\_\_

This document must be attached to a Request for Partial Waiver of the EDGE Compliance Goal on the Vendor’s company letterhead, executed EDGE Statements of Intent to Contract and Perform, and full and complete supporting documentation.

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### 1. Indicate how you selected (if applicable) portions of the work or services to increase the likelihood of EDGE participation. (Attach additional pages if needed, and all supporting documentation.)

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### 2. Indicate your use of the list of EDGE-certified businesses provided by the DAS Equal Opportunity Division. When answering “yes,” also indicate the date(s) you used the list. (Attach printed copies of all Web searched listed.)

Utilized EDGE List	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date(s) Utilized	, 20	, 20	, 20	, 20
	, 20	, 20	, 20	, 20

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### 3. Indicate the services or organizations that provided assistance to you in identifying and recruiting EDGE-certified business used in preparing the proposal or Bid. (Attach additional pages if needed, and notes of each contact listed.)

Organization	Date of Contact	, 20
Contact	Phone Number	. .
Organization	Date of Contact	, 20
Contact	Phone Number	. .

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### 4. List all EDGE businesses contacted. (Attach additional pages if needed, and notes of each contact listed.)

EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20

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### 5. List all EDGE firms to which you supplied adequate and timely information about the plans, specifications and requirements of the contract. (Attach additional pages if needed, and copies of all transmittals, shipping receipts, etc.)

EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20
EDGE Business	Contact Name	Contact Date	, 20

# EDGE Participation - Demonstration of Good Faith Effort (continued)

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Project Name \_\_\_\_\_ UC Project No. \_\_\_\_\_

**6. List the names, addresses, dates and telephone numbers of all EDGE-certified firms with which you negotiated relative to this contract.** (Attached additional pages if needed, and the reason negotiations or bids were not successful.)

EDGE Business	EDGE Business
Address	Address
City, State, Zip	City, State, Zip
Contact	Contact
Phone . . .	Phone . . .
Date of contact . . . , 20	Date of contact . . . , 20
EDGE Business	EDGE Business
Address	Address
City, State, Zip	City, State, Zip
Contact	Contact
Phone . . .	Phone . . .
Date of contact . . . , 20	Date of contact . . . , 20

**7. List all interested EDGE-certified Business Enterprises which you rejected as being unqualified for the work of the contract. Please provide the reason(s) for the rejections.** (Attach additional pages if needed.)

Edge Business  
Reason(s) for rejection

Edge Business  
Reason(s) for rejection

Edge Business  
Reason(s) for rejection

**Vendor Certification**

The named Vendor certifies that the information it has provided in this document and its attachments are true and accurate.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_