

Notice: Under ss. NR 162.09(3), NR 166.12(4), and NR 167.18(4), Wis. Adm. Code, a municipality is required to provide complete information to verify that it has met Minority Business Enterprise (MBE), Women Business Enterprise (WBE), and if applicable, Small Business in Rural Areas (SBRA) goals. The Department will not complete a financial assistance agreement unless the municipality submits documentation regarding MBE/WBE/SBRA solicitation or utilization. Failure to provide information requested, meet the goals, or make a good faith effort may result in sanctions described in s. NR 162.09(3)(b), s. NR 166.12(4)(e), or s. NR 167.18(4)(e), Wis. Adm. Code. Personally identifiable information provided on this form will be used to review MBE/WBE/SBRA participation in a project and may also be made available to requesters as required by Wisconsin Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

You may use this worksheet as a tool to provide required backup information to Environmental Improvement Fund MBE/WBE/SBRA Good Faith Certification (Form 8700-294). You may also provide information requested on this form in some other format. If your municipality receives state funds for your project, you must make a good faith effort to use WBEs and MBEs. If your project is designated as a federal equivalency project, include SBRA in addition to MBEs and WBEs in your solicitation efforts. **Five contacts for each type of firm shows a good faith effort.**

Clean Water Fund Program

Safe Drinking Water Loan Program

Land Recycling Loan Program

Project Information

| | |
|--------------------------|--|
| Name of Municipality | EIF Project Number |
| Name of Prime Contractor | Information Prepared By (Name and Phone) |

| Information Needed For Review | Contact 1 | Contact 2 | Contact 3 |
|---|--|--|--|
| a. Name of Firm Contacted | | | |
| b. Contact's Phone Number | | | |
| c. Firm Type | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA |
| d. Is firm self-certified or agency-certified? | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ |
| e. Date Contacted | | | |
| f. Result of contact | | | |
| g. Bid received? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. If bid received and rejected, why rejected? | | | |
| i. Utilizing this firm? (If yes, more on p. 4)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Information Needed For Review | Contact 4 | Contact 5 | Contact 6 |
|---|--|--|--|
| a. Name of Firm Contacted | | | |
| b. Contact's Phone Number | | | |
| c. Firm Type | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA |
| d. Is firm self-certified or agency-certified? | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ |
| e. Date Contacted | | | |
| f. Result of contact | | | |
| g. Bid received? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. If bid received and rejected, why rejected? | | | |
| i. Utilizing this firm? (If yes, more on p. 4)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Information Needed For Review | Contact 7 | Contact 8 | Contact 9 |
| a. Name of Firm Contacted | | | |
| b. Contact's Phone Number | | | |
| c. Firm Type | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA |
| d. Is firm self-certified or agency-certified? | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ |
| e. Date Contacted | | | |
| f. Result of contact | | | |
| g. Bid received? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. If bid received and rejected, why rejected? | | | |
| i. Utilizing this firm? (If yes, more on p. 4)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Information Needed For Review | Contact 10 | Contact 11 | Contact 12 |
|---|--|--|--|
| a. Name of Firm Contacted | | | |
| b. Contact's Phone Number | | | |
| c. Firm Type | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA |
| d. Is firm self-certified or agency-certified? | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ |
| e. Date Contacted | | | |
| f. Result of contact | | | |
| g. Bid received? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. If bid received and rejected, why rejected? | | | |
| i. Utilizing this firm? (If yes, more on p. 4)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Information Needed For Review | Contact 13 | Contact 14 | Contact 15 |
| a. Name of Firm Contacted | | | |
| b. Contact's Phone Number | | | |
| c. Firm Type | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBRA |
| d. Is firm self-certified or agency-certified? | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ | <input type="checkbox"/> Self <input type="checkbox"/> Agency (Provide Agency Name) _____ |
| e. Date Contacted | | | |
| f. Result of contact | | | |
| g. Bid received? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. If bid received and rejected, why rejected? | | | |
| i. Utilizing this firm? (If yes, more on p. 4)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

