



State of Wisconsin
 Department of Natural Resources
 Bureau of Community Financial Assistance
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**Environmental Improvement Fund (EIF)
 Disadvantaged Business Enterprise (DBE)
 Good Faith Certification**
 Form 8700-294 (R 8/10)

Notice: Under ss. NR 162.09(3) and NR 166.12(4)(b), Wis. Adm. Code, a municipality is required to provide complete information, as requested on this form, to verify that it has complied with requirements regarding solicitation of minority-and women-business enterprises (MBE/WBEs) and other Disadvantaged Business Enterprises (DBEs). The Department will not complete a financial assistance agreement unless the municipality submits documentation regarding DBE solicitation or utilization. Failure to provide information requested, or make a good faith effort, may result in sanctions described in s. NR 162.09(3)(b) or s. NR 166.12(4), Wis. Adm. Code.

Personally identifiable information provided on this form will be used to review 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.].

Check applicable program: Safe Drinking Water Loan Program Clean Water Fund Program

I. Project Information

1. Name of Municipality		2. EIF Project Number	
3. Name of Authorized Representative (Print or Type)		4. Title of Authorized Representative (Print or Type)	

II. Good Faith Effort

- Are any DBEs performing any type of work on this project? If yes, attach EPA Form 6100-4 for each DBE utilized. Yes No
- Did your municipality either: Yes No
 - Contact DBEs included on the Unified Certification Program List (e.g., WisDOT UCP) when soliciting bids?
OR
 - Publish an advertisement in the official newspaper of record that included language encouraging DBEs to submit bids?
- Did each primary contractor either: Yes No
 - Contact DBEs included on the Unified Certification Program List (e.g., WisDOT UCP) when soliciting bids?
OR
 - Publish an advertisement in an industry trade publication and/or the official newspaper of record that included language encouraging DBEs to submit proposals?
- Did your municipality, your primary engineer, and/or primary contractor divide the total scope of work into smaller tasks and packages to permit maximum utilization of DBEs? Yes No
- Did your municipality, your primary engineer, and/or primary contractor establish delivery schedules that enabled DBEs to compete for contracts or subcontracts? Yes No
- Did your municipality, your primary engineer, and/or primary contractor use the disadvantaged business services (obtain lists of certified disadvantaged businesses or request other assistance) of agencies such as the Wisconsin Department of Transportation or the Small Business Administration? Yes No
- Were solicited DBEs provided a reasonable amount of time to respond to requests for bids? Yes No
- If you answered "No" to any of the questions in numbers II.1-II.7 above, provide justification or an explanation of why you could not answer "Yes" to that question. Attach an additional sheet of paper if extra space is required.

Municipal Certification

I certify that, to the best of my knowledge, the information provided on this form is true, accurate and complete.

Signature of Authorized Representative	Date Signed
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DO NOT WRITE BELOW THIS LINE - DNR USE ONLY			
a. Is form filled out completely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Did authorized representative sign the form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are submitted justifications and explanations acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Project Manager Signature		Date Review Completed	

