

City of Phoenix Disadvantaged Business Enterprise (DBE) Program

Form EO2 SMALL BUSINESS OUTREACH EFFORTS

Design – Build (DB) - Negotiated

Due within 3 days following contract award

Name of Company (Submitter):	Contract # / Project #:	Contract Name:
Email:	Phone #:	Point of Contact:

Successful Submitter must conduct outreach efforts and submit supporting documentation of those outreach efforts as described in the Disadvantaged Business Enterprise (DBE) Program Race- and Gender-Neutral Contract Clause (Contract Clause). Detailed instructions for this form are included in the Contract Clause. Supporting documentation is required for columns D and F. Successful Submitter should make additional copies of this form as needed.

(A) Small Business Name and Contact Information		(B) Business Status	(C) Scope(s) of Work Solicited	(D) Solicitation Method (Supporting Documentation Required)	(E) Selection Decision	(F) Communication Final Selection Outcome (Supporting Documentation Required)
Name:		<input type="checkbox"/> DBE <input type="checkbox"/> SBC - Small Business Concern <input type="checkbox"/> SBE - City of Phoenix Certified <input type="checkbox"/> Unknown	List Scope(s) of Work <hr/> <hr/> 	<input type="checkbox"/> E-mail Blast <input type="checkbox"/> Phone Call <input type="checkbox"/> In-Person <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Trade Listing <input type="checkbox"/> Outreach Event <input type="checkbox"/> Other	<input type="checkbox"/> Firm was selected Dollar Value: _____ <input type="checkbox"/> Firm was not selected Provide explanation of why firm NOT selected _____ _____	Firms must be notified of final selection outcome prior to submittal of this form. Date Firm was Notified: <hr/> Method used to Communicate Selection: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> In person
Address:						
City, State, Zip:	Number of Employees:					
Phone Number:	Email or Fax:					
Number of Years in Business:	Range of Annual Gross Receipts:					
Name:		<input type="checkbox"/> DBE <input type="checkbox"/> SBC - Small Business Concern <input type="checkbox"/> SBE - City of Phoenix Certified <input type="checkbox"/> Unknown	List Scope(s) of Work <hr/> <hr/> 	<input type="checkbox"/> E-mail Blast <input type="checkbox"/> Phone Call <input type="checkbox"/> In-Person <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Trade Listing <input type="checkbox"/> Outreach Event <input type="checkbox"/> Other	<input type="checkbox"/> Firm was selected Dollar Value: _____ <input type="checkbox"/> Firm was not selected Provide explanation of why firm NOT selected _____ _____	Firms must be notified of final selection outcome prior to submittal of this form. Date Firm was Notified: <hr/> Method used to Communicate Selection: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> In person
Address:						
City, State, Zip:	Number of Employees:					
Phone Number:	Email or Fax:					
Number of Years in Business:	Range of Annual Gross Receipts:					