

**City of Phoenix Disadvantaged Business Enterprise (DBE) Program  
Form EO2 SMALL BUSINESS OUTREACH EFFORTS Professional Services RFP**

**Due within three (3) days following recommended offeror**

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

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: Address: City, State, Zip: <span style="float:right">Number of Employees:</span> Phone Number: <span style="float:right">Email or Fax:</span> Number of Years in Business: <span style="float:right">Range of Annual Gross Receipts:</span>	<input type="checkbox"/> DBE <input type="checkbox"/> SBC - Small Business Concern <input type="checkbox"/> SBE - City of Phoenix Certified <input type="checkbox"/> Unknown	<b>List Scope(s) of Work</b>	<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 _____ _____	<b>Firms must be notified of final selection outcome prior to submittal of this form.</b>  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
Name: Address: City, State, Zip: <span style="float:right">Number of Employees:</span> Phone Number: <span style="float:right">Email or Fax:</span> Number of Years in Business: <span style="float:right">Range of Annual Gross Receipts:</span>	<input type="checkbox"/> DBE <input type="checkbox"/> SBC - Small Business Concern <input type="checkbox"/> SBE - City of Phoenix Certified <input type="checkbox"/> Unknown	<b>List Scope(s) of Work</b>	<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 _____ _____	<b>Firms must be notified of final selection outcome prior to submittal of this form.</b>  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



**City of Phoenix**

**Disadvantaged Business Enterprise (DBE) Program**

**FORM EO3 SMALL BUSINESS UTILIZATION COMMITMENT**

**Due within three (3) days following recommended offeror**

**Professional Services RFP**

<b>Project Number:</b>	<b>Project Title:</b>
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On behalf of the Successful Submitter, I certify under the penalty of perjury that the information submitted herein is true and correct:

1. The firms indicated as "Selected" in **Form EO2 Small Business Outreach Efforts**, will participate in this contract;
2. The Successful Submitter will comply with the Race- and Gender-Neutral post-award compliance requirements as stated in the DBE contract clause;
3. Successful Submitter understands and agrees that any and all changes or substitutions to subcontracts with DBE's and Small Businesses must be authorized by the Phoenix DBE Compliance Specialist prior to implementation; and
4. The following statement is true and correct: The proposed total participation of DBE, SBC, and SBE firms on this contract will be:

\$ \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_