

COLORADO DEPARTMENT OF TRANSPORTATION ANTICIPATED PARTICIPATION PLAN FOR TASK ORDERS					Project Name:						
<input type="checkbox"/> Contract Plan <input type="checkbox"/> Task Order Plan <input type="checkbox"/> Termination <input type="checkbox"/> Substitution Attach all required information for terminations and/or substitutions.					Contract Amount:						
If Applicable:											
Task Order #:		Task Order Amount:			Total Amount Encumbered to Date (Not including current T/O):						
Section 1. Consultant Information.											
Consultant:			Prompt Pay Compliance Contact Name:		Consultant is an ESB: <input type="checkbox"/> Consultant is a DBE: <input type="checkbox"/>						
E-Mail:		Address:		Phone #:							
Section 2. Summary of Small Business Targets.											
Contract Goals: DBE Contract Goal: _____ ESB Contract Goal: _____ Small Business Targets: <i>This section must be identical to the Affidavit of Small Business Participation submitted with the consultant's SOI.</i> <input type="checkbox"/> The consultant committed to _____ DBE/ESB firm(s) not teamed with in the past 3 years (each firm must perform at least \$50,000 or 2% of the work, whichever is less). <input type="checkbox"/> The consultant committed to _____ Level 1 ESB firm(s) (each firm must perform at least \$50,000 or 2% of the work, whichever is less). <input type="checkbox"/> The consultant committed to _____ % of ESB participation (The total of all ESB participation should be indicated in the blank space).											
<div style="display: flex; justify-content: space-between;"> Section 1.01 Section 3. Participation Plan. </div>											
Firm Name <small>(Subconsultant, or consultant if self-performing)</small>		Certifications		Work to be Performed		Work Code		Commitment Amount			
		DBE ESB				NAICS Code Descriptor					
		<input type="checkbox"/>									
		<input type="checkbox"/>									
		<input type="checkbox"/>									
		<input type="checkbox"/>									
		<input type="checkbox"/>									
		<input type="checkbox"/>									
		<input type="checkbox"/>									
New DBE or ESB Firms Being Utilized:											
Level 1 ESB Being Utilized:											
Summary:											
DBE Participation :		\$		%		ESB Participation:		\$		%	
By signing below the consultant affirms that: The consultant understands that the use of the specific firms for the items of work listed above is a condition of contract award. The consultant attests that the information above is true and understand that a fraudulent misrepresentation or failure to meet these commitments may result in the withholding of progress payments, reduction of prequalification status, referral of the matter to the Office of Inspector General of US DOT, and/or other contractual remedies. The consultant attests understand that any modification to this Anticipated Participation Plan requires approval from CDOT and will only be approved upon demonstration of good cause.											
I, _____, am the _____ of _____. <div style="display: flex; justify-content: space-around; font-size: small;"> (Owner or Executive Officer Name) (Title) (Consultant Company Name) </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> _____ (Signature) </div> <div style="text-align: center;"> _____ (Date) </div> </div>											

COLORADO DEPARTMENT OF TRANSPORTATION
GOOD FAITH EFFORTS REPORT

Project Name:

Instructions: Complete this form only if the DBE goal or ESB goal has not been met.

Section 1. Consultant Information.

Consultant:	Contact Name:	Consultant is an ESB: <input type="checkbox"/>
		Consultant is a DBE: <input type="checkbox"/>
Contact E-Mail:	Contact Phone #:	

Section 2. Efforts to Achieve DBE/ESB Participation.

- a. Describe your good faith efforts to meet the contract goal and describe why the goal could not be reached.
- b. If you are making a Good Faith Efforts Report for a task order, please include participation achieved on the overall contract and any planned participation for future task orders to meet the contract goal.

Section 3. Affidavit of Good Faith Efforts.

By signing below, the consultant hereby affirms that it has made good faith efforts and has documented all such efforts in this form and the attached supporting documentation.

I, _____, am the _____ of _____.
(Representative Name) (Title) (Company)

(Signature)

(Date)