



CONFIDENTIAL - SUCCESSFUL OFFEROR'S INTENT TO SUBCONTRACT STATEMENT

Note: All requested information must be submitted in the format displayed on this form. The Department will not accept any substitute submission of the requested information. This form must be completed in total. The form must be submitted to: pd-non-ecms-db@pa.gov by 3:00 P.M. prevailing local time within 7 calendar days after the selection is published.

OFFEROR FIRM NAME:	
BUSINESS ADDRESS:	
TELEPHONE NUMBER:	E-MAIL:

GOOD FAITH EFFORT DOCUMENTATION

PROCUREMENT ADVERTISEMENT NUMBER (RFP):	DATE SUBMITTED:
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SUBCONTRACTOR INFORMATION

NAME OF BUSINESS:	DIVERSE BUSINESS (DB): <input type="checkbox"/> YES <input type="checkbox"/> NO
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BUSINESS ADDRESS:

SERVICES TO BE PERFORMED BY THE SUBCONTRACTOR INCLUDE:

NAME OF BUSINESS:	DIVERSE BUSINESS (DB): <input type="checkbox"/> YES <input type="checkbox"/> NO
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BUSINESS ADDRESS:

SERVICES TO BE PERFORMED BY THE SUBCONTRACTOR INCLUDE:

NAME OF BUSINESS:	DIVERSE BUSINESS (DB): <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ADDRESS:	
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BUSINESS ADDRESS:	
SERVICES TO BE PERFORMED BY THE SUBCONTRACTOR INCLUDE:	
NAME OF BUSINESS:	DIVERSE BUSINESS (DB): <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ADDRESS:	
SERVICES TO BE PERFORMED BY THE SUBCONTRACTOR INCLUDE:	

DIVERSE BUSINESS ACKNOWLEDGEMENT

(Attach acknowledgement) for each DB providing services, proof of certification, and any explanation of good faith efforts the offeror would like the Department to consider.

TOTAL BID AMOUNT: _____ **TOTAL DB COMMITMENT DOLLAR AMOUNT:** _____