

**COLORADO DEPARTMENT OF TRANSPORTATION**  
**ANTICIPATED PARTICIPATION PLAN FOR NON PROJECT SPECIFIC TASK ORDERS**  
**AND GOOD FAITH EFFORTS REPORT**

**SECTION 1. TASK ORDER TYPE**

<input type="checkbox"/> New T/O	<input type="checkbox"/> Added Funds	<input type="checkbox"/> Time Extension	<input type="checkbox"/> Amendment
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*Attach all required information for modification*

**SECTION 2. PROJECT INFORMATION**

Region		Date
Master Contract (OLA) #	SAP OLA #	MC (OLA #) Advisory Goal % <span style="color: orange;">Original goal %</span>
Project Description		MC (OLA #) Contract \$ NTE \$ <span style="color: orange;">Master Contract \$</span>
Related to CDOT Project Subaccount #	Project Task order is related to, if any	
Task Order (SAP PO #) #	SAP PO #, if not new	Task Order (SAP PO #) \$ Amount \$ <span style="color: orange;">T/O \$</span>
Contract Goals	DBE Goal % <span style="color: orange;">T/O Goal %</span>	ESB Goal % <span style="color: orange;">T/O Goal %</span>

**SECTION 3. CONSULTANT INFORMATION** Fill out all information

Prime Consultant		Consultant is a ESB <input type="checkbox"/>
Compliance Contact Name		Consultant is a DBE <input type="checkbox"/>
Email	Address	Phone

**SECTION 4. SUMMARY OF DBE SMALL BUSINESS TARGET(S)**

The consultant commits to \_\_\_\_\_ # of DBE firm(s). For this task order

The consultant commits to \$ \_\_\_\_\_ of DBE participation on this task order.  
New teaming partner in last 2 years

Firm Name (Subconsultant, vendor or consultant if self-performing)	of ad date	New Teaming Partner	Work Information (REQUIRED)		
			DBE NAICS CODE(s)	DBE Work Descriptor	Commitment, Eligible Participation (NAICS codes) \$
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			

TOTAL DBE PARTICIPATION ON TASK ORDER \$	<u>\$0.00</u>	% _____
TOTAL DBE PARTICIPATION WITH AMENDED FUNDS \$ (If applicable)		% _____

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**SECTION 5. SUMMARY OF ESB SMALL BUSINESS TARGET(S)** Fill out all information for this task order

The consultant commits to \_\_\_\_\_ # of ESB firm(s) not teamed with in the past 2 years  
(firms with unsuccessful bids allowed, each firm must be listed) on this task order.

The consultant commits to \_\_\_\_\_ # of Level 1 ESB firm(s) (each firm must be listed) on this task order.

The consultant commits to \_\_\_\_\_ # of Level 2 ESB firm(s) (each firm must be listed) on this task order.

Firm Name (Subconsultant, vendor or consultant if self-performing)		ESB Level	New Teaming Partner	Work Information (REQUIRED)	
				ESB Work Descriptor	Commitment, Eligible Participation \$
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\$0.00

Total ESB Participation for this Task Order \$ \$0.00 % \_\_\_\_\_  
TOTAL ESB PARTICIPATION WITH AMENDED FUNDS \$ (If applicable) \$ % \_\_\_\_\_

**SECTION 6. DECLARATION OF PARTICIPATION PLAN** Must be signed

**By signing below the Consultant affirms the statements made in this document are true and complete:**

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 understands that a fraudulent misrepresentation or failure to meet these commitments may require in the withholding of progress payments, reduction of prequalification status, referral of the matter to the Office of Inspection General of USDOT, and/or other contractual remedies. The Consultant attests and understands that any modification to this Anticipated Participation Plan requires approval from CDOT and will only be approved upon demonstration of good cause.

I, \_\_\_\_\_ (Owner or Executive Officer Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Consultant Company Name)

\_\_\_\_\_  
(Tracked Signature Accepted) \_\_\_\_\_ (Date)

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If the commitments on Page 1&2 are not met, fill this out for this T/O

**GOOD FAITH EFFORTS REPORT** See Script 5.3 for details

*Complete this form only if the DBE commitment or ESB commitment for the task order has not been met.  
 Attach all supporting documentation as necessary*

**SECTION 1. CONSULTANT INFORMATION**

Prime Consultant	0	Consultant is a ESB	<input type="checkbox"/>
Compliance Contact Name	0	Consultant is a DBE	<input type="checkbox"/>
Email	Address	Phone	
0	0	-	
DBE Commitment \$ and %	\$ _____ %	ESB Commitment \$ and %	\$ _____ %

**SECTION 2. EFFORTS TO ACHIEVE DBE/ESB PARTICIPATION**

*Describe your good faith efforts to meet the task order goal and describe why the goal could not be reached.*

**SECTION 3. DECLARATION OF GOOD FAITH EFFORTS** Must be signed

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, \_\_\_\_\_  
 (Owner or Executive Officer Name AND Title)

\_\_\_\_\_  
 (Consultant Company Name)

\_\_\_\_\_  
 (Tracked Signature Accepted)

\_\_\_\_\_  
 (Date)