



**CITY OF IRVING  
GOOD FAITH EFFORT CONTACT LOG**

TO: City of Irving  
GFE Program Administration

DATE: \_\_\_\_\_

**Project Name & Bid/Contract #:** \_\_\_\_\_

M/WBE Firm Name and Person Contacted	Date of Contact	Telephone Number or Email Address	Type of Work Offered	Response

M/WBE Firm Name and Person Contacted	Date of Contact	Telephone Number or Email Address	Type of Work Offered	Response

**Please make additional copies of this form, if needed.**

\_\_\_\_\_  
Name of Firm (prime contractor)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Title

Unable to secure M/WBE participation? See M/WBE Program Guide at [www.cityofirving.org](http://www.cityofirving.org) for Good Faith Effort checklist or contact GFE Program Administrator at 972-721-2631.

**(Form GFE-3)**