

**Vendor Outreach Goal Status Report
Saint Paul Vendor Outreach Program**

Project: _____ **Date of this Report:** _____

Developer: _____

Form submitted by: _____ **Phone:** _____

PM or ED: _____

The purpose of this form is to document your efforts to comply with the Vendor Outreach Program requirements.

In the space provided below, please describe the actions you have taken towards meeting the Vendor Outreach Goal for this project: (Attach additional sheets if needed.)

For questions on this form, contact the Vendor Outreach Coordinator, Dept. of Human Rights & Equal Economic Opportunity, Room 280 City Hall/Courthouse, 15 W Kellogg Blvd, Saint Paul, MN 55102. Phone: (651) 266-8904, fax: (651) 266-8919, email: cert@ci.stpaul.mn.us.

Total Development Cost: \$ _____ **Total Business Opportunities:** \$ _____

Vendor Outreach Goal Set on this Project: ____% (____% MBE, ____% WBE and ____% SBE)

Utilization to date: ____% MBE ____% WBE ____% SBE

Outreach/networking with potential certified subcontractors:

Bid/award activity:

1. Number of bids sent out (attach bid list)
2. Advertising or other recruitment information
3. Due date of responses
4. Number of responses received
5. List of awarded subcontractors (including dollar amounts)
6. List of rejected subcontractor bids

Other activities:

Other activities continued: