

D / M / WBE SOLICITATION LOG

Contract No. \_\_\_\_\_ County \_\_\_\_\_ Letting Date \_\_\_\_\_ Date Submitted \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Contractor Name / Address \_\_\_\_\_ Contact Name: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ Telephone No: \_\_\_\_\_

	Firm Name Contact	Pgm	Telephone No E-Mail Address	NYSDOT Work Code(s)	Date of Contact	Method(s) of Contact	D / M / WBE Response Code(s)	Bidder Action Code(s)
1								
2								
3								
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