OREGON INSTITUTE OF TECHNOLOGY
GOOD FAITH EFFORT
SUBCONTRACTOR AND SELF-PERFORM WORK LIST
(FORM 1)

Prime Contractor Name: **Total Contract Amount:**

Project Name: BID #2023-06 New Geothermal Storage Tank

PRIME SELF-PERFORMING: Identify below **ALL** GFE Divisions of Work (DOW) to be self-performed. Good Faith Efforts are otherwise required.

DOW BIDDER WILL SELF-PERFORM *(GFE not required)*	

PRIME CONTRACTOR SHALL DISCLOSE AND LIST ALL SUBCONTRACTORS, including those M/W/ESBs that you intend to use on the project.

LIST ALL SUBCONTRACTORS BELOW Use **correct legal name** of Subcontractor	**Division of Work** (Painting, electrical, landscaping, etc.) List **ALL** DOW performed by Subcontractors	**DOLLAR AMOUNT OF SUBCONTRACT**	If Certified or self-reporting MBE/WBE/ESB Subcontractor Check box		
			MBE	WBE	ESB
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐

GFE SUBCONTRACTOR AND SELF-PERFORM WORK LIST (FORM 1) cont'd

Prime Contractor Name: **Total Contract Amount:**
Project Name: BID #2023-06 New Geothermal Storage Tank

LIST ALL SUBCONTRACTORS BELOW Use **correct legal name** of Subcontractor	**Division of Work** (Painting, electrical, landscaping, etc.) List **ALL** DOW performed by Subcontractors	**DOLLAR AMOUNT OF SUBCONTRACT**	If Certified or self-reporting MBE/WBE/ESB Subcontractor Check box ✓		
			MBE	WBE	ESB
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
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Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐

OREGON INSTITUTE OF TECHNOLOGY
GOOD FAITH EFORT
M/W/ESB CONTACT / BIDS RECEIVED LOG
(FORM 2)

Prime Contractor:
Project: BID #2023-06 New Geothermal Storage Tank

Prime Contractor must contact or endeavor to contact at least 3 M/W/ESB Subcontractors for each Division of Work. Prime Contractor shall record its contacts with M/W/ESB Subcontractors through use of this log (or equivalent) entering all required information. All columns shall be completed where applicable. Additional forms may be copied if needed.

NAME OF M/W/ESB SUBCONTRACTOR	Divisions of Work (Painting, electrical, landscaping, etc.)	Date Solicitation Letter / Fax Sent	PHONE CONTACT		BID ACTIVITY Check Yes or No			REJECTED BIDS (if bid received & not used)		Notes
			Date of Call	Person Receiving Call	Will Bid	Bid Received	Bid Used	Bid Amount	Reason Not Used (Price, Scope or Other. If Other, explain in Notes>>)	
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			

OREGON INSTITUTE OF TECHNOLOGY
GOOD FAITH EFFORT
PROJECT COMPLETION REPORT
(FORM 3)

Prime Contractor Name: **Total Contract Amount:**

Project Name: BID #2023-06 New Geothermal Storage Tank

Complete this form and submit with your request for final payment upon the project completion. Please list all subcontractors used for the project. Use additional sheets as necessary.

LIST ALL SUBCONTRACTORS BELOW Use **correct legal name** of Subcontractor	**Division of Work** (Painting, electrical, landscaping, etc.) List **ALL** DOW performed by Subcontractors	**FINAL DOLLAR AMOUNT OF SUBCONTRACT**	If Certified or self-reported MBE/WBE/ESB Subcontractor Check box ✓		
			MBE	WBE	ESB
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐
Name **Address** **City/St/Zip** **Phone#** **OCCB#**			☐	☐	☐

BY SIGNING BELOW, I HEREBY CERTIFY THAT THE ABOVE LISTED FIRMS HAVE BEEN UTILIZED BY OUR COMPANY IN THE AMOUNTS REPRESENTED ABOVE AND THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE.

_____ _____

Authorized Signature of Contractor Representative Date