

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

Prime Contractor Name:

Total Contract Amount:

Project: BID #2025-05 OMIC R&D – Installation of Heavy Slab for Nitrogen Storage and Delivery Equipment

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

| <u>DOW BIDDER WILL SELF-PERFORM</u> <i>(GFE not required)</i> | |
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PRIME CONTRACTOR SHALL DISCLOSE AND LIST ALL SUBCONTRACTORS, including those M/W/ESBs that you intend to use on the project.


| <u>LIST ALL SUBCONTRACTORS BELOW</u> Use <u>correct legal name</u> 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# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GOOD FAITH EFFORT SUBCONTRACTOR AND SELF-PERFORM WORK LIST (FORM 1) cont'd

Prime Contractor Name:

Total Contract Amount:

Project: BID #2025-05 OMIC R&D – Installation of Heavy Slab for Nitrogen Storage and Delivery Equipment

| LIST ALL SUBCONTRACTORS BELOW Use <u>correct legal name</u> 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# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Prime Contractor:
Project: BID #2025-05 OMIC R&D – Installation of Heavy Reinforced Slab for Nitrogen Storage and Delivery Equipment
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 |
|----------------------------------|---|--|---------------|-----------------------|---------------------------------|------------------------------|------------------------------|---|---|-------|
| | | | | | Will Bid | Bid Received | Bid Used | Bid Amount | Reason Not Used (Price, Scope or Other. If Other, explain in Notes>>) | |
| | | | Date of Call | Person Receiving Call | | | | | | |
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | |
| | | | | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | | | |
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | |
| | | | | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | | | |
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | |
| | | | | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | | | |
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | |
| | | | | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | | | |
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | |
| | | | | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | | | |
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | |
| | | | | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | | | |
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | |
| | | | | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | | | |
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | | |
| | | | | | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No | | | |

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

Prime Contractor Name:

Total Contract Amount:

Project: BID #2025-05 OMIC R&D – Installation of Heavy Reinforced Slab for Nitrogen Storage and Delivery Equipment

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 <u>correct legal name</u> 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 <input checked="checked" type="checkbox"/> | | |
|--|---|---|---|--------------------------|--------------------------|
| | | | MBE | WBE | ESB |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Address City/St/Zip Phone# OCCB# | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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