

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

Prime Contractor Name:

Total Contract Amount:

Project: BID #2026-01 Tech Rec Rehabilitation

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 <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 <input checked="" type="checkbox"/>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City/St/Zip			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone#			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCCB#			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City/St/Zip			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone#			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCCB#			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City/St/Zip			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone#			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCCB#			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City/St/Zip			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone#			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

Project: BID #2026-01 Tech Rec Rehabilitation

Total Contract Amount:

<p><u>LIST ALL SUBCONTRACTORS BELOW</u> Use <u>correct legal name</u> of Subcontractor</p>	<p>Division of Work (Painting, electrical, landscaping, etc.) List ALL DOW performed by Subcontractors</p>	<p>DOLLAR AMOUNT OF SUBCONTRACT</p>	<p>If Certified or self-reporting MBE/WBE/ESB Subcontractor</p>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Name Address City/St/Zip Phone# OCCB#</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Name Address City/St/Zip Phone# OCCB#</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Name Address City/St/Zip Phone# OCCB#</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Name Address City/St/Zip Phone# OCCB#</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Name Address City/St/Zip Phone# OCCB#</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Name Address City/St/Zip Phone# OCCB#</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Name Address City/St/Zip Phone# OCCB#</p>			<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 #2026-01 Tech Rec Rehabilitation

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			REJECTED BIDS		Notes
					Check Yes or No			(if bid received & not used)		
			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>>)	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Prime Contractor Name:
 Project: BID #2026-01 Tech Rec Rehabilitation

Total Contract Amount:

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="" 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"/>
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