

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

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

Total Contract Amount:

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>	

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 #2026-01 Tech Rec Rehabilitation

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"/>
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 #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 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:
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="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