

**MULTNOMAH COUNTY GOOD FAITH EFFORT PROGRAM  
SUBCONTRACTOR and SELF-PERFORMED WORK LIST  
(FORM 1)**

NOTE: IF THE BIDDER IS NOT USING ANY SUBCONTRACTORS ON THIS PROJECT, WRITE THE WORDS "SELF PERFORMING ALL WORK" ON THE FORM.

<b>Bidder Name:</b>		<b>Total Bid Amount:</b>	
<b>Bid Number:</b>	<b>400000XXXX</b>	<b>Project Name:</b>	

The bidder must identify all scopes of work (these may be different from the Technical Spec. Divisions of Work) it will self-perform. **GFE Divisions of Work not being self-performed require Good Faith Efforts.** If the Bidder has not determined who will perform a GFE Division of Work at bid time, list that GFE Division of Work as "Undetermined". All work that will be subcontracted, or secured through a purchase agreement, must be documented and submitted according to GFE Program Requirements.

DIVISIONS OF WORK BIDDER WILL SELF-PERFORM (GFE not required)	DIVISIONS OF WORK UNDETERMINED WHO WILL PERFORM (GFE required unless self-performed)

**LIST BELOW ALL SUBCONTRACTORS** including those MWESBs that you intend to use on the project. For each subcontractor, include the address, telephone#, CCB#, Fax#, the type of work to be done and the dollar amount of the subcontract regardless of the amount of the contract. If this bid includes alternates for additional work, follow the same instructions as above.

DIVISIONS OF WORK BIDDER WILL SUBCONTRACT (GFE required)						
ALL SUBCONTRACTORS		GFE DIVISION OF WORK	DOLLAR AMOUNT OF SUBCONTRACT	Certified SubContractor Check box:		
(Please Print) <i>List correct legal name of each subcontractor</i>		Painting, electrical, landscaping, etc. Use OMWESB coding.		MBE	WBE	ESB
<b>Name</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Address</b>						
<b>City/ST/Zip</b>						
<b>Phone#</b>						
<b>CCB#</b>						
<b>Fax#</b>						

**DIVISIONS OF WORK BIDDER WILL SUBCONTRACT (GFE required)**

ALL SUBCONTRACTORS		GFE DIVISION OF WORK		Certified SubContractor Check box:		
(Please Print) <i>List correct legal name of each subcontractor</i>		Painting, electrical, landscaping, etc. Use OMWESB coding.	DOLLAR AMOUNT OF SUBCONTRACT	MBE	WBE	ESB
Name				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address						
City/ST/Zip						
Phone#						
CCB#						
Fax#						
Name				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address						
City/ST/Zip						
Phone#						
CCB#						
Fax#						
Name				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address						
City/ST/Zip						
Phone#						
CCB#						
Fax#						
Name				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address						
City/ST/Zip						
Phone#						
CCB#						
Fax#						
Name				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address						
City/ST/Zip						
Phone#						
CCB#						
Fax#						

Failure to submit this form by **4:00 p.m. on the day the bid is due** shall result in the bid being rejected as non-responsive.

## MULTNOMAH COUNTY GOOD FAITH EFFORT PROGRAM MWESB CONTACT / BIDS RECEIVED LOG (FORM 2)

<b>Bidder Name:</b> <span style="border: 1px solid black; display: inline-block; width: 450px; height: 20px;"></span>	<b>Bid Number:</b> 4000001768
---	-------------------------------

*Bidders shall record their contacts with MBE/WBE/ESB Subcontractors through use of this log. All columns must be completed. Additional forms may be copied if needed.*

NAME OF MWESB SUBCONTRACTOR	GFE DIVISIONS OF WORK	Date Solicitation Letter/Fax Sent	Phone Contact		Bid Activity			Rejected Bids		Notes
			Date of Call	Person Receiving Call	Will Bid	Bid Received	Bid Used	Bid Amount	Reason Not Used (If Other, explain in Notes )	
	State of Oregon OMWESB codes and/or keyword designations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Price <input type="checkbox"/> Scope <input type="checkbox"/> Other	

## SUBCONTRACTOR PAYMENT AND UTILIZATION REPORT (FORM 3)

*Instructions for completing this report are on the following page. Numbers in each box refer to the paragraph numbers in the instructions.*

1. Bid Number	<b>400000XXXX</b>	2. Contract Number:		3. Prime Contractor:	
4. Prime Contract Amount:		5. Report Dates (Beginning & Ending):		6. Project Name:	
7. Progress Report Number:		<input type="checkbox"/> Check here if this is your FINAL Monthly Report for this project.			

### SECOND TIER PAYMENTS TO SUBCONTRACTORS MUST BE INCLUDED IN THIS REPORT

8. ALL SUBCONTRACTOR NAMES APPEARING ON FORM 1	9. CHECK IF SECOND TIER SUB	10. ORIGINAL SUBCONTRACT AMOUNT (\$)	11. AMENDED SUBCONTRACT AMOUNT (\$)	12. PAYMENT AMOUNTS AND DATES MADE, FOR MONTH (\$)	13. TOTAL RETAINAGE HELD, IF ANY (\$)	14. TOTAL PAYMENTS TO DATE (\$)
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

### SUBCONTRACTORS ADDED AFTER PROJECT AWARD\*\*

15. SUBCONTRACTOR NAME (LIST ANY SUBCONTRACTORS NOT LISTED ABOVE)	16. NATURE OF WORK	17. STATUS MBE, WBE, OR ESB	18. CHECK IF SECOND TIER SUB	19. SUBCONTRACT AMOUNT (\$)	20. PAYMENT AMOUNTS AND DATES MADE, FOR MONTH (\$) ***	21. TOTAL RETAINAGE HELD, IF ANY (\$)	22. TOTAL PAYMENTS TO DATE (\$)

*\*\* Before replacing, substituting, or adding any subcontractor, Contractor is required to obtain written consent from Multnomah County Purchasing Manager.*

**IT IS HEREBY CERTIFIED THAT THE ABOVE LISTED FIRMS HAVE BEEN UTILIZED BY CONTRACTOR IN THE AMOUNTS REPRESENTED ABOVE AND THAT THE INFORMATION CONTAINED IS COMPLETE AND ACCURATE.**

Authorized Signature of Contract Representative:		Date:	
--	--	-------	--

Submit with request for Progress Payment to the Project Manager.

\*\*\* If any payment made to a subcontractor is less than that requested by the subcontractor, explain here:

## INSTRUCTIONS FOR COMPLETING THE MONTHLY SUBCONTRACTOR PAYMENT AND UTILIZATION REPORT

1. **BID NUMBER:** Enter Multnomah County Bid Number.
2. **CONTRACT NUMBER:** Indicates the contract number for this project, as assigned by the County.
3. **PRIME CONTRACTOR:** Indicate the name of the prime contractor.
4. **PRIME CONTRACT AMOUNT:** Indicate the total dollar amount of the prime contract.
5. **REPORT DATES:** Indicate the beginning and ending date for the calendar month for which the report is submitted.
6. **PROJECT NAME:** Indicate the project name as indicated on the contract documents.
7. **PROGRESS REPORT NUMBER:** Enter report No.1 for the first report submitted and subsequent numbers for reports submitted thereafter. Check box if the report is the Final report for the project.
8. **ALL SUBCONTRACTOR NAMES:** Names of all subcontractors (not suppliers) listed on Form 1.
9. **CHECK IF SECOND TIER SUBCONTRACTOR.**
10. **ORIGINAL SUBCONTRACT AMOUNT:** Indicate the dollar amount for each subcontract at time of award.
11. **AMENDED SUBCONTRACT AMOUNT:** This amount should be the total dollar value (original subcontract amount plus any additions or deletions) of the subcontract.
12. **PAYMENT AMOUNTS AND DATES MADE, FOR MONTH:** Please list any payment amounts for the month, and the dates the payments were made.
13. **TOTAL RETAINAGE HELD, IF ANY:** If the prime is holding retainage, enter the total amount of the retainage held for the reporting period.
14. **TOTAL PAYMENTS, TO DATE:** This amount should be the total dollar amount paid-to-date to the subcontractor.
15. **SUBCONTRACTOR NAME:** Please list any subcontractors not appearing on original sub plan.
16. **NATURE OF WORK:** Briefly describe subcontractors work (i.e. Landscaping, Electrical, Paving, etc.).
17. **STATUS:** Indicate the appropriate MWESB status of each subcontractor listed (i.e. MBE, WBE, ESB). **Note:** Designations should be consistent with how firms were certified by the state at time of contract award. Only one designation may be used for credit and will be applied accordingly. Leave blank for non-certified firms.
18. **CHECK IF SECOND TIER SUBCONTRACTOR.**
19. **SUBCONTRACT AMOUNT:** Indicate the dollar amount of the subcontract.
20. **PAYMENT AMOUNTS AND DATES.** Insert the amounts paid to the subcontractor during the period covered by this report. If any amount paid is less than the amount requested by the contractor, explain the difference in the space at the bottom of the form. Use additional pages if necessary to provide a complete explanation.
21. See #13.
22. See #14.