

Date Submitted: _____

Report for FY: _____ Month: _____

**CITY OF BEAVERTON – GOOD FAITH EFFORT (GFE) PROGRAM
FORM 3: MONTHLY SUBCONTRACTOR PAYMENT AND UTILIZATION REPORT**

Project Name: _____ Contract Number: _____

Prime Contractor: _____ Total Contract Amount: _____

Progress Report Number: _____ Is this the Final Progress Report? Yes No

NAME OF SUBCONTRACTOR* (INCLUDE <u>ALL</u> LISTED ON BID PLAN)	MWESB Certified	TYPE OF CERTIFICATION** (Check all that apply)				ORIGINAL AWARD AMOUNT	AMENDED AWARD AMOUNT (IF APPLICABLE)	TOTAL AMOUNT PAID THIS PAY PERIOD <u>ONLY</u>
		ESB	MBE	WBE	SDV			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

*Before replacing, substituting, or adding any Subcontractor, the Prime Contractor **must** get written authorization from the Purchasing Agent.

** **ESB**: Emerging Small Business; **MBE**: Minority-owned Business; **WBE**: Women-Owned Business; **SDV**: Service-Disabled Veteran-Owned

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: _____

Date: _____

Printed Name of Signatory: _____

