

CITY OF BEAVERTON – GOOD FAITH EFFORT (GFE) PROGRAM  
**PERSONAL / PROFESSIONAL SERVICES CONTRACT: SUBCONTRACTOR DISCLOSURE FORM**

Company Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

LIST ALL SUBCONTRACTORS—CERTIFIED AND NON-CERTIFIED

ALL SUBCONTRACTORS (Use the Subcontractor's <b>complete legal</b> name)	DESCRIPTION OR SCOPE OF WORK (TYPE OF WORK TO BE PERFORMED)	DOLLAR VALUE OF SUBCONTRACT	LIST ALL CERTIFICATIONS (ESB; MBE, WBE, SDV, DBE, ACDBE)
Name _____ Address _____ City/St/Zip _____ Phone _____			
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**\*ESB:** Emerging Small Business; **MBE:** Minority-owned Business; **WBE:** Women-Owned Business; **SDV:** Service-Disabled Veteran-Owned Business;  
**DBE & ACDBE** Disadvantaged Business Enterprise

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