

ATTACHMENT 1: SUBCONTRACTOR AND SELF-PERFORM WORK LIST

Failure to submit this attachment by 4:00 pm on the day the Bid is due shall result in the Bid being rejected as non-responsive.

Bidder Name _____ Total Bid Amount _____
Project Name _____ Bid Number _____

Divisions Of Work: Bidder Will Self-Perform (GFE not required)

ALL work will be self-performed, the Bidder is not using any subcontractors on this project

List each division of work that will be self-performed.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Divisions Of Work: Undetermined Who Will Perform (GFE is required)

Each division of work listed below requires GFE outreach to at least 5 COBID-Certified Firms.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Divisions Of Work: Bidder Will Subcontract (GFE is required)

Each division of work listed below requires GFE outreach to at least 5 COBID-Certified Firms.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Multnomah County Oregon

ALL subcontractors which the Bidder intends to use on the project regardless of the total amount of the Contract must be listed below. ***Additional copies of this form may be used if needed.***

Legal Business Name _____ TAX ID# _____

Division of Work _____ Subcontract Value _____

Business Administrator Name _____ Phone# _____

Business Administrator Email _____

If applicable, COBID Certification ID# _____ Certification Type: MBE WBE VBE/SDVBE ESB

Legal Business Name _____ TAX ID# _____

Division of Work _____ Subcontract Value _____

Business Administrator Name _____ Phone# _____

Business Administrator Email _____

If applicable, COBID Certification ID# _____ Certification Type: MBE WBE VBE/SDVBE ESB

Legal Business Name _____ TAX ID# _____

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Legal Business Name _____ TAX ID# _____

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Business Administrator Email _____

If applicable, COBID Certification ID# _____ Certification Type: MBE WBE VBE/SDVBE ESB