

Welcome

ODOT Office of Equity & Civil Rights



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ODOT Office of Equity & Civil Rights – Programs



Disadvantaged Business Enterprise (DBE)

Workforce Development / On-The-Job Training (OJT) / Apprenticeship Programs

Equal Employment Opportunity (EEO)

Title VI / Environmental Justice / ADA / Limited English Proficiency (LEP)

Tribal Employment Rights Ordinance (TERO)

Emerging Small Business (ESB)



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What is a Disadvantaged Business Enterprise (DBE)?

- A DBE is a business owned by historically, socially and economically disadvantaged individuals.
- DBE Program is a federal requirement
- Certified through COBID*
- ODOT Office of Equity & Civil Rights monitors and reports DBE program compliance

The firm's **management** and **daily operations** must be **controlled by** the **historically socially and economically disadvantaged owners** (49 CFR 26.5)



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DBE Program Goals

DBE Contract Goals

Any contract that includes \$1 or more of FHWA funding will be assessed for a goal assignment

- Race Conscious: If a goal is assigned to that contract the DBE performance used to meet the goal as a condition of award is "race conscious"
- Race Neutral: Any performance by a DBE beyond the original commitment on a contract or a DBE that was never committed to the project is "race neutral"



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DBE Program Goals

1. Overall Annual Goal

The current state-wide annual goal is **23.43%**

(RN 6.10%, RC 17.33%)

- Triennial Goal—a goal is presented to FHWA for approval every three years
- All performance by DBEs on any contracts that have federal funds is counted towards the overall goal
- The overall goal that is proposed to FHWA follows recommendations made after the completion of Disparity Studies or Disparity Study Updates



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DBE Program Commitments

- DBE requirements are in the Contract Special Provisions
- RE/PM staff monitors DBE program compliance throughout the project
- The OECR Field Coordinator provides contract compliance, review and technical assistance



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DBE Termination/Replacement

Prime may only terminate and replace a DBE for **good cause and must:**

- Provide notice of termination for non-committed DBE **in writing to the RE/PM**
- Provide written notice of replacement of committed DBE
- Prime must communicate with PM/RE



Prime self-performing DBE-committed work is considered partial termination



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OECR Forms

1. Committed DBE Breakdown & Certification 734-2531
2. Internal PreCon Conference
3. Work Plan Proposal (Form 3A) 734-2165A (1/2014)
4. Commercially Useful Function (Form 3B) 734-2165
5. Daily DBE Trucking Log 734-2916
6. Paid Summary Report 734-2882



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Committed DBE Breakdown Certification Forms

- Prime submits within 10 days of contract award notification letter
- Form is required for each committed DBE
- Prime and DBE both must sign
- Total committed to each DBE must be at least the amount committed at time of bid
- The committed amount on the DBE Breakdown and Certification form is contractual



COMMITTED DBE BREAKDOWN AND CERTIFICATION

PROJECT NAME	CONTRACT NO.	PRIME CONTRACTOR	COMMITTED DBE FIRM
--------------	--------------	------------------	--------------------

The bidder acknowledges and certifies that this form accurately represents receipt of and consent from the listed DBE firm as to the use of the referenced itemized quote below for the performance of the above referenced project. *This certification shall be deemed a part of the resulting contract.*

Awarded Contractor shall complete and submit this form to ODOT's Office of Civil Rights within the timeline set forth in the award notification letter. Failure to provide detailed DBE information to ODOT within this timeline shall be cause for cancellation of the award and withdrawal of the contract and may be cause for forfeiture of the proposal guaranty.

Complete a separate form for each committed DBE.

BID ITEM NO.	DESCRIPTION (IF PARTIAL, EXPLAIN BRIEFLY. IF TRUCKING, INDICATE IF OWNER/OPERATOR)	PARTIAL?	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
TOTAL AMOUNT:						

Awarded contractor and committed DBE contractor must sign each sheet to certify its content and completion of the form.
 This certification is made under federal and state laws concerning false statements. The firm's representative signing below understands that supporting documentation is subject to audit and that the documentation will be retained for a minimum of six years from the project acceptance date.

Committed DBE Contractor				
DBE CONTRACTOR REPRESENTATIVE NAME	DBE CONTRACTOR REPRESENTATIVE TITLE	PHONE	DBE CONTRACTOR REPRESENTATIVE SIGNATURE	DATE

Awarded Contractor				
CONTRACTOR REPRESENTATIVE NAME	CONTRACTOR REPRESENTATIVE TITLE	PHONE	CONTRACTOR REPRESENTATIVE SIGNATURE	DATE

Submit options
 E-mail to OCRInfoRequest@odot.state.or.us – or – Fax to (503) 986-6382 – or – Mail/deliver to ODOT Office of Civil Rights MS 31, 355 Capitol St. NE, Salem OR 97301
 734-2531 (11/2013) Electronic Version Page 1 of 1



Internal Pre-Construction Conference

- Internal Pre-Construction meetings are held for each project, prior to Pre-construction Conference
- This meeting is where we identify roles and responsibilities, specific to the project
- **Key Participants:** Resident Engineer, Contract Administration, OECR Field Coordinator and Inspector



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DBE Work Plan 3A Proposal

Required from all DBE subcontractors prior to DBE starting work


- Tells us how the DBE will perform work – include details
- Opportunity to identify and head off potential CUF and crediting issues. Is compared to the Subcontract & DBE Breakdown Certification Form (if committed)
- Identify potential CUF issues, correct problems before they happen and provide feedback to Prime & DBE
- Baseline to compare CUF Review - Form 3B



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DISADVANTAGED BUSINESS ENTERPRISE (DBE) WORK PLAN PROPOSAL (FORM 3A)

PRIME CONTRACTOR/CONSULTANT
CONTRACT NUMBER

PROJECT NAME REVISED? Yes No REVISION NUMBER

DBE NAME DBE OWNER NAME

ADDRESS PHONE FAX

CITY STATE ZIP E-MAIL ADDRESS

OR

A. DBE Work
List the types of work the DBE Subcontractor will perform.
Complete all fields for each bid item. (To add another line, click the "+" button. To delete a line, click the "-" button.)

BID ITEM NUMBER	BID ITEM DESCRIPTION	PARTIAL	IF YES, EXPLAIN	EST. START DATE	EST. COMPL. DATE
1		<input type="checkbox"/>			

B. Personnel Required

1. Supervisor or foreman: Indicate whether the DBE on-site supervisor or foreman is exclusively employed by the DBE (i.e., is not on another company's payroll and does not have ownership in another business.) If the answer is No, explain.

NAME OF DBE ON-SITE SUPERVISOR OR FOREMAN	EXCLUSIVELY EMPLOYED BY DBE?
IF NO, EXPLAIN	<input type="checkbox"/>

2. Other personnel: List the names and craft classifications for all personnel. Indicate whether each individual is regularly employed by the DBE and/or the source from which the individual was/is to be recruited. Complete all fields for each employee. If names are not known, provide the number of employees in each craft in the "employee name" field.

EMPLOYEE NAME	CRAFT CLASSIFICATION	REGULARLY EMPLOYED?	IF NO, RECRUITMENT SOURCE
		<input type="checkbox"/>	

Optional: Instead, attach a list of employee information. Check here if list is attached:

C. Equipment Required

1. List the primary items, implements, or tools that will be used to perform the work of the DBE's subcontract on the project. Equipment includes motorized vehicles such as bulldozers, tractors, concrete rollers, cars, pickups, etc. It also includes flagging signs, radios, and paddles, or other smaller tools if primary to performance of the work. If rented or leased, agency consent to the agreement must be obtained prior to work beginning. Complete all fields for each equipment item.

TYPE OF EQUIPMENT	OWNED	LEASED	RENTED	LEASE/RENTAL AGREEMENT ATTACHED?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Instead, attach an equipment list with the required information. Check here if equipment list is attached:

2. Trucks: When the DBE has been subcontracted to perform trucking on the project, provide the following additional information regarding all trucks the DBE will use to perform the work. Complete all fields for each truck:

LIC. PLATE NO.	MAKE / MODEL	OWNER NAME	DRIVER NAME	OWNED/LEASED	DBE/ON-DBE
				<input type="checkbox"/>	<input type="checkbox"/>

Optional: Instead, attach a truck list with the required information. Check here if truck list is attached:

Attach agreement(s) for any leased or rented equipment, including trucks. Check here if agreement(s) attached:

D. Supplies and Materials Required
List the supplies and materials to be used on the project. Indicate the source from which the supplies and materials will be obtained. For a DBE supplier committed to meet a DBE goal, attach documentation showing how the DBE meets manufacturer, regular dealer, or broker requirements, as applicable to the credit being claimed. Complete all fields for each supply or material item:


TYPE OF SUPPLY OR MATERIAL	BUSINESS NAME OF SOURCE	SOURCE CONTACT PERSON NAME	SOURCE PHONE NO.

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E. Prime Contractor Resources
Describe any plans for the DBE to share any resources of the prime contractor. Prior consent required. Complete all fields for each resource:

DO YOU PLAN TO USE ANY OF THESE PRIME CONTRACTOR RESOURCES?	YES/NO	IF YES DESCRIBE
Personnel	<input checked="" type="checkbox"/>	
Equipment	<input type="checkbox"/>	
Tools	<input type="checkbox"/>	
Facilities	<input type="checkbox"/>	
Materials	<input type="checkbox"/>	

F. Additional Information
Provide comments or explanation of any information provided above. Include any plans the DBE has to subcontract work to a lower tier or perform work through a specialty contractor.

COMMENTS OR EXPLANATIONS

The work plan must be signed by the prime contractor and the DBE subcontractor.
By signing below, you certify that the information contained in this report is true and accurate to the best of your knowledge, and that you are authorized to submit this report on behalf of your firm.

DBE SUBCONTRACTOR PRINT NAME AND TITLE	DBE SUBCONTRACTOR SIGNATURE	DATE
	X	
PRIME CONTRACTOR PRINT NAME AND TITLE	PRIME CONTRACTOR SIGNATURE	DATE
	X	

Reviewers: Identify any concerns with the proposed activities meeting DBE program regulations and, if needed, recommend any corrective action required to comply with the regulations.

PROJECT MANAGER COMMENTS

PROJECT MANAGER PRINT NAME PROJECT MANAGER SIGNATURE DATE

X

OCR FIELD COORDINATOR COMMENTS

OCR FIELD COORDINATOR PRINT NAME OCR FIELD COORDINATOR SIGNATURE DATE

X

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CUF Reviews

5 factors must be evaluated when determining whether a DBE is performing a Commercially Useful Function:

- **Management**
- **Equipment**
- **Workforce**
- **Materials**
- **Performance**



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DBE – CUF Review, Form 3B

The RE/PM or designated representative must perform at least one CUF review for each DBE:

- For each 12-month period the DBE works on the Project (early or peak work is better than waiting until the end)
- When a significant change in the operation of the DBE occurs (new equipment is used or work crews change)
- When a significant Change Order affects the DBE's Work (for example, a new type of work is added)
- After termination and substitution of a DBE (for the new DBE)



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SHOW INSTRUCTIONS
PRINT INSTRUCTIONS

COMMERCIALLY USEFUL FUNCTION REPORT – FORM 3B (CUF)

Disadvantaged Business Enterprise

Contractor and Contract Information

1. DBE BUSINESS NAME	2. SUBCONTRACT ID	3. CONTROLLING CONTRACTOR (IF APPLICABLE)	4. ODOT CONTRACT NO.
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Disadvantaged Business Enterprise information

5. DBE PRIMARY OWNER	6. PHONE	7. DBE START DATE	8. EST DBE COMPLETION DATE
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A. DBE Work

9. BID ITEM	10. BID ITEM DESCRIPTION	11. EST % COMPLETE
ADD ANOTHER		

B. Personnel Required

12. Do DBE employees appear to have knowledge of and control over the methods of work on their bid items observed on-site? Yes No IF NO, EXPLANATION REQUIRED

13. Is the superintendent or foreman employed exclusively by the DBE? Yes No NAME OF SUPERINTENDENT/FOREMAN EMPLOYED EXCLUSIVELY BY DBE

NAME AND TITLE OF PERSON TO WHOM SUPERINTENDENT/FOREMAN REPORTS

14. List the names and craft classifications of the DBE crew observed on the site:

LAST NAME	FIRST NAME	CRAFT CLASSIFICATION	TO BE COMPLETED IN OFFICE		REPORTS TO (LAST, FIRST)
			ON DBE PAYROLL?	PRIME/OTHER PAYROLL?	
ADD ANOTHER					

LIST THE CONTRACTOR NAMES AND DATES OF EACH PAYROLL REVIEWED. PROVIDE ADDITIONAL INFORMATION IF NEEDED

C. Equipment Required

15. List major equipment used by the DBE to complete bid items observed. If not already provided with Work Plan Form 3A, attach rental/lease agreements and/or registrations.

BID ITEM	EQUIPMENT	OWNED?		LEASED?		RENTED?	
		OWNED?	LEASED?	LEASED FROM	RENTED?	RENTED FROM	
ADD ANOTHER							

16. Are all personnel and equipment under the direct supervision of the DBE owner or a superintendent/foreman who reports to the DBE owner? Yes No EXPLAIN WHY OR WHY NOT (REQUIRED)

D. Supplies and Materials Required

17. List material suppliers for bid items observed:

BID ITEM	SUPPLIER NAME	ADDRESS, CITY, STATE, ZIP	PHONE

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E. Prime/Other Resources

18. Has any contractor performed, on behalf of the DBE, a substantial amount of work designated to the DBE? Yes No IF YES, EXPLANATION REQUIRED

F. Additional Information

CUF Reviewer:
 Ensure you listed any document(s) you reviewed in determining your findings (e.g., payrolls, invoices, delivery tickets, etc.) Compare the completed CUF Report – Form 3B with the DBE Work Plan Form 3A to determine if there was deviation from what was proposed by DBE firm and make notes accordingly. Ensure you complete your section and comments as appropriate. If previously entered content needs to be updated or corrected, please return the form to that person for updating. Do not change anything that you did not enter.

By entering your name in the box below, you certify that the information contained in this report is true and accurate to the best of your knowledge and that you have not altered any previously entered content. You further agree that entering your name in the box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

Does the DBE owner appear to have operational control over the work contracted? Yes No EXPLAIN WHY OR WHY NOT (REQUIRED)

CUF REVIEWER COMMENTS (FIELD EXPANDS AS YOU TYPE. CLICK TAB TO SEE TEXT IN EXPANDED FIELD.)

CUF REVIEWER NAME	TITLE	DATE	CREW NUMBER	E-MAIL

Project Manager:
 Ensure you reviewed the CUF Reviewer findings and that the findings are supported by observations and documentation, and determine whether you believe the DBE is in compliance with the requirements to perform the commercially useful function. Review the completed CUF Report – Form 3B and the DBE Work Plan Form 3A and make notes accordingly. Ensure you complete your section and comments as appropriate. If previously entered content needs to be updated or corrected, please return the form to that person for updating. Do not change anything that you did not enter.

By entering your name in the box below, you certify that the information contained in this report is true and accurate to the best of your knowledge and that you have not altered any previously entered content. You further agree that entering your name in the box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

PROJECT MANAGER COMMENTS (FIELD EXPANDS AS YOU TYPE. CLICK TAB TO SEE TEXT IN EXPANDED FIELD.)

CUF COMPLIANCE – Based on the known DBE work activities on the project and information contained herein, I believe the DBE listed above is:

In Compliance Not in Compliance with CUF requirements.

If it is believed the DBE is not performing a CUF on this project, contact the Office of Civil Rights Field Coordinator for further guidance.

PROJECT MANAGER NAME	DATE	PHONE	E-MAIL

Field Coordinator:
 Ensure you reviewed the CUF Reviewer findings and Project Manager's determination, note whether you are in agreement, and make any additional comments as needed. If in doubt, request to review supporting documents and to receive clarification from the Project Manager. Contact the DBE Program Manager for additional guidance if needed. Ensure you complete your section and comments as appropriate. If previously entered content needs to be updated or corrected, please return the form to that person for updating. Do not change anything that you did not enter.

By entering your name in the box below, you certify that the information contained in this report is true and accurate to the best of your knowledge and that you have not altered any previously entered content. You further agree that entering your name in the box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

FIELD COORDINATOR COMMENTS (FIELD EXPANDS AS YOU TYPE. CLICK TAB TO SEE TEXT IN EXPANDED FIELD.)

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Paid Summary Reports - Requirements

Required for all projects – with and without DBE goals

Required from Prime and Subcontractors at every tier

Certifying payments have been made to each of the following:

- all subcontractors
- committed DBE suppliers
- non-committed DBE suppliers and service providers with estimated total payments for the project over \$10,000

Committed DBE Trucking Firms

- Submit Paid Summary Reports showing payments to the firms that they lease trucks from



PAID SUMMARY REPORT

This summary report is required for all projects even if there are no goals or aspirational targets assigned. Please read instructions before completing this form.

A&E Instructions Construction Instructions Hide Instructions

1. PROG EST NO. / INVOICE NO.
2. PROG EST/INVOICE DATE PAID

Contractor and contract information

<small>3. CONTRACTOR NAME</small>	<small>4. SUBCONTRACT ID</small>	<small>5. AGENCY CONTRACT NO.</small>	<small>6. PROJECT NAME</small>	<small>7. REPORT DATE YYYYMMDD</small>	<small>8. NEW / REVISED</small>	<small>9. REV. NO.</small>	<small>FINAL</small>
						0	<input type="checkbox"/>

Subcontractor/subconsultant paid

SUBCONTRACT INFORMATION				THIS PERIOD				TO DATE		
<small>10. SUBCONTRACTOR / SUBCONSULTANT PAID</small>	<small>11. PAID TO SUB ID</small>	<small>12. SUBCONTRACT AMOUNT</small>	<small>13. DBE COMMITTED AMOUNT</small>	<small>14. BID/TASK/ITEMS PAID</small>	<small>15. RETAINAGE WITHHELD</small>	<small>16. RETAINAGE PAID</small>	<small>17. TOTAL AMOUNT PAID (THIS PERIOD)</small>	<small>18. DATE PAID</small>	<small>19. AMOUNT PAID TO DATE</small>	<small>20. COMMITTED BALANCE (THIS PERIOD)</small>
			\$0.00							\$0.00 <input type="text"/>
<small>ADD ANOTHER LINE</small>										

Submission

By entering my name in the signature block(s) below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature box and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this form.

<small>21. NAME OF PERSON SUBMITTING REPORT</small>	<small>22. TITLE</small>	<small>23. PHONE</small>	<small>24. DATE</small>

BOX 3 & 10 NEED TO BE THE CONTRACTOR'S LEGAL NAME

All dates need to be entered via the drop down date

Make note of the Revision date in the bottom left corner, use the most recent version. All forms can be found on the OECR website under "forms"

734-2882 (5/2020) ↖

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Paid Summary Reports

Timing

- For every estimate in which payments are made to subcontractors, submit within 20 days of receipt of payment from the agency or controlling contractor

Submit to

- Prime & Subcontractors submit PSRs to DocExpress
- Local Agency projects submit to the email address provided to the contractor at the Preconstruction Conference. Subcontractors submit to the controlling contractor, and prime submits to the agency
- Keep email chain intact (local agency)



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Prompt Payment

- **Subs must be paid within 10 days from receipt of ODOT payment**
- **All forms and other documents must be complete**
- **Applies to all subcontractors (DBE or non-DBE)**

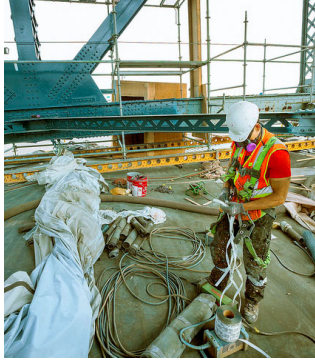


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Monthly Employment Utilization Report

- Per Contract, submit MEURs monthly for all contractors and subcontractors that require certified payrolls
- Due each month from the first month to last month of work, *even if work was not performed*
- Data is reported to FHWA, Legislators, ad-hoc requests, etc.



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MONTHLY EMPLOYMENT UTILIZATION REPORT

This report is due monthly. Refer to the project contract for the recurring monthly due date.

Please read instructions before completing this form. If no work was performed during the reporting period, complete only items 1-14 and 29-33. If work was performed during the reporting period, complete items 15-26 as well.

1. CONTRACTOR NAME		2. SUBCONTRACTOR TO		3. ODOT CONTRACT NO.	4. SUBCONTRACT ID	5. REPORT FOR MONTH / YEAR		6. NEW / REVISED	FINAL			
7. ADDRESS							8. PHONE	9. COUNTY IN WHICH WORK WAS PERFORMED				
10. CITY			11. STATE		12. ZIP		13. E-MAIL		14. No work performed this month			
15. LAST NAME	16. FIRST NAME	17. M.I.	18. SSN LAST 4	19. CITY	20. ZIP	21. ETHNICITY	22. GENDER	23. CONSTRUCTION TRADE	24. CLASSIFICATION	25. HOURS TOTAL	26. BASE RATE	27. X

28. ADD ANOTHER EMPLOYEE

By entering my name in the signature block below, I certify that the information contained in this report is true and accurate to the best of my knowledge, and that I am authorized to submit this report on behalf of this firm. I further agree that typing my name in the signature block and submitting this report using a password-protected e-mail account is the equivalent of a manual signature for the purposes of this report.

29. SIGNATURE	30. PRINT TITLE	31. DATE
---------------	-----------------	----------

32. PRINT FORM 33. SUBMIT BY E-MAIL

BOX 1 & 2 NEED TO BE THE CONTRACTOR'S LEGAL NAME
Check the revision date in the bottom left corner, use the most recent version. All forms can be found on the OECR website under "forms"



731-0668 (12/2023)

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House Bill 2649

Applies to all public work projects that bid after January 1, 2024.

- **12 % Apprenticeship Utilization Goal has been set for all projects that are over \$ 3 million**
- **12% must be met by Prime contractor's workforce (or first tier Subcontractor with a \$750,000 subcontract or more)**
- **Specific worker information will be tracked by the Contractor, this information is captured in the MEUR**
- **Outreach Plan is required 10 days prior to Preconstruction Meeting**
- **Final report is due PRIOR TO THIRD NOTE**

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Database

OECR Reporting Tools

An overview of reporting components



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Quarterly Audit Snapshot

OCR COMPLIANCE REVIEW REPORT - 15288

Contract Number/Key Number	15288/KN 20187 - SECOND NOTE			
Project Name	CITY OF SALEM SIGNAL ENHANCEMENTS (UNIT 3)			
ODOT PM / RE	SCOTT MANSUR			
Local Agency or Consultant				
Region	2			
Reviewed By	ALYSSA SOOTS			
Reviewed Date	3/11/2024			
Prime Contractor	LANTZ ELECTRIC INC			
Program	Contract / Firm Name	Program Deficiency		
Subcontractors	<input type="checkbox"/> For Review	2 Firms on Contract		
DBE Payments	<input checked="" type="checkbox"/> No Issues	DBE Goal 10.00 % Contract Amount: \$635,822.00	DBE Award Committed % 10.33 %	DBE Payment Race Concious % 10.33 % DBE Payment Race Neutral % 6.75 %
Total DBE Usage:		\$65,669.00	\$65,669.00	\$108,607.14
Firm Name		Sub Agreement	Committed	DBE Payment
01-D & H FLAGGING INC		\$65,669.00	\$65,669.00	\$108,607.14
Apprentice/OJT	<input checked="" type="checkbox"/> No Issues 0 hours of 0 Goal; CPS Hours			
EEO Female Utilization	<input type="checkbox"/> For Review 7.55 %			
EEO Minority Utilization	<input type="checkbox"/> For Review 14.65 %			
3A Workplan	<input type="checkbox"/> No Issues 0 Missing 3A Workplans			
CUFs	<input type="checkbox"/> No Issues 0 Missing CUFs			
MEURs	<input type="checkbox"/> No Issues 0 Missing MEURs for 15288			
PSRs	<input type="checkbox"/> No Issues 0 Firms Missing Payments			
TPARs/ATARs/MPRs		Craft	Employees	TPAR Hrs ATAR Hrs MPR Hrs

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Closeout Report

Project Closeout Report



Contract No: 15033
 Project Name: OR213: SE LINDY ST - SE KING RD SECTION
 Funding: Federal Aid
 DBE Goal: 10.0%
 OJT Goal: 420 Hours
 Prime Contractor: WILDISH STANDARD PAVING CO
 Project Manager: CHRISTOPHER AGUON
 Field Coordinator: KATIE GILLESPIE
 Award Amount: \$3,709,715.91
 Amended Amount: \$3,838,756.80
 Award Date: 1/31/2018
 1st Note Date: 3/29/2018
 2nd Note Date: 10/29/2018

Civil Rights Programs Approved for Project Closeout	Goal (%)	Achieved (%)	Approval
Disadvantaged Business:	10.0%	10.92%	✓
OJT/Apprenticeship	420 hours	630 hours	✓
Subcontractor Payment:	10.0%	18.16%	✓

Title: FIELD COORDINATOR REGION 1
 Printed Name: KATIE GILLESPIE
 Date: 2/14/2019

Signature:

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Contact Us

Region 2 Field Coordinator: Rex Stanley – Alyssa.SOOTS@ODOT.Oregon.gov

DBE Program Manager: Diponker Mukherjee, Diponker.MUKHERJEE@odot.oregon.gov

Small Business Programs Manager: Catherine Biscoe, Catherine.R.BISCOE@ODOT.Oregon.gov

Title VI Program Manager: Brenda Gessner, Brenda.J.GESSNER@odot.oregon.gov

Intermodal Civil Rights Manager: Carroll Cottingham, Carroll.J.Cottingham@odot.oregon.gov



OECR Website



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