



Subcontractor Utilization Monthly Report

City of Eugene | Finance | Purchasing Office
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 Phone (541) 682-5058 | Fax (541) 682-6233

Contract Number (Agency use)
Report Date

Project Name		Contractor (Company Name)		COBID Certification Status* (check all that apply) and ID#. <input type="checkbox"/> DBE <input type="checkbox"/> WBE <input type="checkbox"/> ACDBE <input type="checkbox"/> None <input type="checkbox"/> MBE <input type="checkbox"/> ESB <input type="checkbox"/> SDVBE <input type="checkbox"/> ID# _____	
Authorized Representative	Authorized Representative Title	Authorized Representative Phone	Authorized Representative Email		

This monthly report is required for all contracts. The contractor shall complete and submit this form to the City of Eugene by the 5th day of every month, to report on the previous month. This information will be used to track utilization of certified D/MWESB firms within City contracting. Use the "Submit Report" button to submit the report directly to the Equity in Contracting program.

By submitting this form, the contractor certifies that this form accurately represents the utilization of the firms listed below for performance on this project. **Please list all firms, regardless of status.** If more space is required, please provide the additional information on a second sheet.

As the Authorized Representative, I certify that the information contained in this form is complete and accurate to the best of my knowledge. Yes

Name of all Subcontractor(s)	Tax ID Number	COBID Certification Status* (check all that apply) and ID#.	Total Contract Amount	Amount Paid This Period	Amount Paid to Date
		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> None <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> SDVBE <input type="checkbox"/> ID# _____	\$	\$	\$
		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> None <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> SDVBE <input type="checkbox"/> ID# _____	\$	\$	\$
		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> None <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> SDVBE <input type="checkbox"/> ID# _____	\$	\$	\$
		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> None <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> SDVBE <input type="checkbox"/> ID# _____	\$	\$	\$
		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> None <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> SDVBE <input type="checkbox"/> ID# _____	\$	\$	\$
		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> None <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> SDVBE <input type="checkbox"/> ID# _____	\$	\$	\$
		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> None <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> SDVBE <input type="checkbox"/> ID# _____	\$	\$	\$

*Only list COBID certified businesses and ID #. Certification for socially and economically disadvantaged businesses in the State of Oregon is available free of charge through the Certification Office for Business Inclusion and Diversity (COBID). Please visit www.oregon4biz.com/How-We-Can-Help/COBID for more info.