



SUMMARY REPORT OF SUBCONTRACTORS PAID

ODOT Office of Civil Rights • 355 Capitol St. NE, Room 504 • Salem, OR 97301

FOR WORK PERFORMED IN:	
MONTH	YEAR

Please read instructions before completing this form.

This form (ODOT form 734-2722) incorporates and replaces previous Subcontractor Paid Summary Report forms (ODOT forms 734-2536 and 731-0506.) The previous forms are obsolete and will not be accepted.

This form is to be submitted to the ODOT project Manager by the 5th of the month following receipt of payment. *(Example: Work performed in January will be paid in February; the Summary report for January must be submitted to the Project Manager by March 5.)*

1. PROJECT NAME		2. CONTRACT NUMBER (IF KNOWN)	3. TOTAL DBE COMMITMENT
4. PRIME CONTRACTOR NAME			7. PHONE
5. ADDRESS			8. FAX
6. CITY, STATE, ZIP		9. E-MAIL	
10. NAME OF PERSON PREPARING REPORT (PRINT)	11. TITLE	12. SIGNATURE X	13. DATE

This certification is made under federal and state laws concerning false statement. The firm's representative signing above understands that supporting documentation for the payment is subject to audit, and that the documentation will be retained for a minimum of six years from the project acceptance date.

14. FIRM NAME	15. BID ITEMS PAID	16. STATUS				17. COMMITTED AMOUNT	18. AMOUNT PAID THIS PERIOD	19. AMOUNT PAID TO DATE	20. COMMITMENT BALANCE
		DBE	MWESB	ESB	OBE				
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$

If more spaces are required, use as many copies of the second page of this form as necessary. The contractor must sign each sheet to certify its content and completion.

Are additional pages attached? Yes No If yes, number of additional pages attached:.....

NO. PAGES ATTACHED

Firm listing, continued from previous page. Include a line number for each firm listed.

This sheet may be reproduced as many times as necessary to list all firms. The person preparing the report must sign each sheet to certify its content and completion.

10. NAME OF PERSON PREPARING REPORT	11. TITLE	12. SIGNATURE X	13. DATE
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14. FIRM NAME	15. BID ITEMS PAID	16. STATUS				17. COMMITTED AMOUNT	18. AMOUNT PAID THIS PERIOD	19. AMOUNT PAID TO DATE	20. COMMITMENT BALANCE
		DBE	MWESB	ESB	OBE				
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
---		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$



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INSTRUCTIONS

The mailing address of the ODOT Office of Civil Rights has changed. The current mailing address:

ODOT Office of Civil Rights
355 Capitol St. NE, Room 504
Salem, OR 97301

Additional contact information:

Phone: (503) 986-4350
Fax: (503) 986-6382
Web site: www.oregon.gov/odot/cs/civilrights/
E-mail address: robert.c.ryan@odot.state.or.us

Definitions and abbreviations

DBE—Abbreviation for *Disadvantaged Business Enterprise*. A DBE is a for-profit small business that is at least 51 percent owned by one or more persons who are both socially and economically disadvantaged, or in the case of a corporation, 51 percent of the stock is owned by one or more such persons. DBE certification is performed by the [Office of Minority, Women, and Emerging Small Business](#) (OMWESB), a division of the Oregon Department of Consumer and Services. Direct questions about certification to OMWESB: (503) 986-0075.

BE/WBE/ESB—Abbreviation for *Minority-owned, Women-owned, or Emerging Small Business*, as certified by OMWESB (see DBE).

Prime contractor—A prime or primary contractor is a firm that has been awarded the primary or main contract of a project.

NC-DBE/non-committed DBE—A non-committed DBE is a firm registered as a DBE but for which no funds have been committed to meet a DBE goal.

OBE—Abbreviation for *Other Business Enterprise*. An OBE subcontractor is one that is not registered as a DBE or MWESB.

Line items

1. Project name—Enter the project name as it appears on the project advertisement.
2. Contract number—This box may be left blank if the contractor does not know the contract number.
3. Total DBE commitment—Enter the total amount of DBE contracts awarded for the project to meet a DBE goal.
4. Prime contractor name—Enter the name of the company as registered with the Oregon Secretary of State's office.
5. Address—Enter the mailing address of the contractor company; street address or P.O. box is acceptable.
6. City, state, ZIP—Enter the city, state and ZIP code of the mailing address in Item 5.
7. Phone—Enter the area code and phone number of the contractor's main office or primary contact person.
8. Fax—Enter the area code and fax number of the contractor's main office or primary contact person.
9. E-mail — Enter the e-mail of the contractor's primary contact person.
10. Name of person preparing report—Enter the first and last names of the person who will sign the form.

Line items, continued from Instructions, Page 1

11. Title—Enter the company title of the person preparing the report. .
12. Signature —The person preparing the report must sign each page to certify its accuracy.
13. Date—Enter the date the report was signed.

For Items 14-20, complete a line for each subcontractor firm. If more room is needed, use as many copies of the second page of this form as necessary. On pages after Page 1, include a line number for each firm. Also note the page number and the total number of pages on each page.

14. Firm name—Enter the name of the subcontractor firm as it is registered with the Oregon Secretary of State's office. List all subcontractors, whether or not paid this month.
15. Bid items paid—Enter bid items paid this month, listing by bid item number, contract-change order (CCO) number, or extra-work order (EWO) number.
16. D/M/WESB status—Check the appropriate box if the firm is certified as:
 - DBE (Disadvantaged Business Enterprise)
 - MWESB (Minority, Woman or Emerging Small Business Enterprise)
 - ESB (Emerging Small Business)
 - OBE (Other Business Enterprise)
17. Committed amount—Enter the amount committed as DBE or MWESB for firms registered as DBE or MWESB.
18. Amount paid this period—Enter for all subcontractors. If no payment was made, enter "0.00".
19. Amount paid to date—Enter for all subcontractors. If no payment was made, enter "0.00".
20. Commitment balance—Subtract Item 18 from Item 19 to show the balance of committed funds available for this subcontractor.

If you have questions, please contact the ODOT Office of Civil Rights (see Instructions, Page 1, for contact information.).