

EXHIBIT L



SUMMARY REPORT OF SUBCONTRACTORS PAID

ODOT Office of Civil Rights • 955 Center St. NE, Room 471 • Salem, OR 97301

FOR WORK PERFORMED IN
MONTH / YEAR (MM/YYYY)

Please read [instructions](#) before completing this form.

This summary report is required for all projects even if there are no goals or aspirational targets set.

Submit to the Agency Project Manager (see contract for contact information) 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/PA NO. (WOC NO. IF APPLICABLE)	3. TOTAL DBE COMMITMENT
4. CONTRACTOR NAME	7. PHONE	
5. ADDRESS	8. FAX	
6. CITY, STATE, ZIP	9. E-MAIL	

This certification is made under federal and state laws concerning false statements. The firm's representative signing below 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.

10. NAME OF PERSON PREPARING REPORT (PRINT)	11. TITLE	12. SIGNATURE	13. DATE
---	-----------	---------------	----------

	14. CONTRACTOR/CONSULTANT	15. BID ITEMS/TASKS DELIVERABLES PAID	16. STATUS				17. COMMITTED AMOUNT	18. AMOUNT PAID THIS PERIOD	19. AMOUNT PAID TO DATE	20. COMMITMENT BALANCE
			DBE	MWE	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"/>				
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

CONTRACTOR: Please read instructions . If you have questions, please contact the Agency Project Manager.	AGENCY PROJECT MANAGER: Upon receipt of form from Contractor/Consultant, review listed subcontracts to ensure approved in contract and compliance with DBE/MWESB requirements, Refer to Price Agreement, Contract, or Work Order. REGIONS: Submit to OCR Field Coordinator. OTHERS: Submit to OCR Headquarters Representative	OCR REPRESENTATIVE: Upon receipt from Agency Project Manager, review information and enter into CRCT database.
--	--	--