
AGENDA

State of Oregon Department of Transportation Disparity Study
Public Hearing
Doubletree Hotel, Lloyd Center
Mt. St. Helens Room
1000 NE Multnomah Ave,
Portland, OR
Tuesday, September 11, 2007
7:00 pm

The purpose of this hearing is to learn about people's experiences with contracting or subcontracting, or attempting to do so, on ODOT projects and, relatedly, their experiences with the State of Oregon Certification Program. Thus, if you have tried to contract with the ODOT or a prime contractor, or first tier subcontractor working under an agreement with ODOT since 2002, the ODOT would like to know about your experiences. Personal testimony will be limited to five (5) minutes. There will not be a quorum of these groups in attendance and no group business will be conducted.

I. Call to Order and Welcome

II. Introductions

III. Overview of the Disparity Study Process

IV. Review of the Guidelines for Public Comment

V. Public Comment

VI. Closing Remarks

VII. Adjournment

PUBLIC HEARING OVERVIEW FORMAT

The following provides an overview of the format which will be followed for the public hearing.

- The major purpose of the hearing is to give individuals an opportunity to provide public testimony regarding their experiences in doing business with the State of Oregon Department of Transportation. Persons providing testimony need to be very specific and descriptive about what they have experienced.
- The moderator, Joan Gardenhire, a subcontractor to MGT of America, Inc. will formally open the public hearing by stating for the record something similar to the following:

This public hearing is being conducted on behalf of the State of Oregon Department of Transportation. ODOT is soliciting public testimony related to experiences attempting to do, and conducting business with them. This public hearing is in conjunction with the Disparity Study being conducted by MGT of America.

- The moderator will introduce herself and indicate her role, and then introduce the hearing panel.
- The moderator will remind all those attending to sign the sign-in sheet if they have not done so. For those persons providing testimony, the moderator will remind them to fill out a testimony card at the reception desk and return it to one of the facilitators. The card will then be handed to the moderator.
- Individuals should state their name, the name of their business, how long they have been in business, and if they are certified as a DBE with ODOT.
- In order to allow time for all individuals to speak, no more than five minutes per person will be allowed for each testimony. No more than another five minutes for questions and answers will be allowed after each testimony is given.
- For those persons who feel they have additional comments they wish to address, the moderator will encourage them to provide something in writing or contact the study team.
- With respect to questions, the moderator will ask questions specific to situations and issues that particular contractors or vendors have raised. In general, the kinds of questions which will be asked will be forthcoming.

State of Oregon Department of Transportation
Disparity Study
Public Hearing Testimony Form

_____ Date

Name: _____

Company Name: _____

Address: _____

Business Phone: _____ Fax: _____

Email Address: _____ Website Address: _____

Please provide the following information regarding the characteristics of business ownership based on 2002 U.S. Census Survey of Business Owners' categories:

Company Owner:

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> African/African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Individual with Disability | | |
| <input type="checkbox"/> Other (please specify) | | |

Gender of Owner: Male Female

Primary Line of Business: _____

Certification (if applicable):

- | | | |
|---|------------------------------|------------------------------|
| <input type="checkbox"/> MBE | <input type="checkbox"/> DBE | <input type="checkbox"/> SBE |
| <input type="checkbox"/> WBE | | |
| <input type="checkbox"/> Other (please specify) | | |

I wish to provide public testimony I wish to provide written testimony (not at public hearing)

I wish to be contacted to provide testimony

Nature of Comment/Testimony:
