

## BUREAU OF LABOR AND INDUSTRIES NOTICE OF PUBLIC WORKS

(For use by public agencies in complying with ORS 279C.835 for public works awarded after January 1, 2008)

NOTE: ORS 279C.835 requires that public contracting agencies include with this form a copy of the disclosure of first-tier subcontractors submitted pursuant to ORS 279C.370.

PUBLIC AGENCY INFORMATION						
Agency Name:	Agency Number (if known):					
Address:	Agency Division:					
City, State, Zip:						
Agency Representative:	Phone:					
SECTION A: To be completed when a public agency awards a contract to a contractor for a public works project, including CM/GC projects. (See reverse for public works projects in which no public agency awards a contract to a contractor.)						
CONTRACT INFORMATION:						
Project Name:		Project Number:				
Contract Name (if part of larger project):		Contract Number:				
Project Manager Name:	Phone #:	Fax #:				
Project Location (Street(s), City):		Project County:				
Contract Amount: \$If under \$50,000, is this of	Contract Amount: \$If under \$50,000, is this contract part of a larger project? YESNO					
	If yes, total	project amount: \$				
Will project use federal funds that require compliance with the Davis-Baco	n Act?	YESNO				
Date Contract Specifications First Advertised for Bid (if not advertised, date of RFP or first contact with contractor):						
If CM/GC Contract, Date Contract Became a Public Works Contract (see OAR 839-025-0020(6)):						
Date Contract Awarded: Date Work Expected to Begin:						
Date Work Expected to be Complete:						
PRIME CONTRACTOR INFORMATION:						
Name:						
Address:						
City, State Zip:		Phone:				
Construction Contractors Board Registration Number:	·					
Name of Bonding Company:						
Address:						
Agent Name and Phone Number:						
Bond Number:						
Copy of first-tier subcontractors attached (see NOTE above)						

THIS FORM WILL BE RETURNED TO THE PUBLIC AGENCY FOR CORRECTION AND RESUBMITTAL IF INCOMPLETE.

S	To be completed when a project is a pul onstruction, reconstruction, major ren tructure or improvement of any type tl oublic agency) and no public agency aw	ovation or painting of a privately of nat uses funds of a private entity an	wned road, highway, build	ding,	
CONTRACT IN	FORMATION:				
Name of Project	Owner:	Phone #:	Fax #:		
Project Name:			Project Number:		
Project Location	(Street(s), City):		Project County:		
Total Project Am	ount: \$	Amount of Public Funds Provided for	the project: \$		
Name(s) of Publi	c Agency(ies) Providing Public Funds: _				
Date the public a	gency or agencies commit to the provision	n of funds for the project:	<u> </u>		
Will project use f	ederal funds that require compliance with	n the Davis-Bacon Act?	YESN	10	
Date Work Exped	eted to Begin:				
Date Work Exped	eted to be Complete:				
SECTION C: To be completed when a project is a public works pursuant to ORS 279C.800(6)(a)(C) (a project for the construction of a privately owned road, highway, building, structure or improvement of any type that uses funds of a private entity and in which 25 percent or more of the square footage of the completed project will be occupied or used by a public agency) and no public agency awards a contract to a contractor.  CONTRACT INFORMATION:					
Name of Project	Owner:	Phone #:	Fax #:		
	(Street(s), City):				
Total Project Am	ount: \$	Amount of Public Funds Provided for	the project: \$		
Name(s) of Publi	c Agency(ies) Providing Public Funds: _				
Total square foot	age of privately owned road, highway, bu	ilding, structure or improvement:			
Percent of total se	quare footage of the completed project that	at will be occupied or used by a public	c agency:		
	gency or agencies entered into an agreeme				
Will project use f	ederal funds that require compliance with	the Davis-Bacon Act?	YESN	1O	
Date Work Exped	cted to Begin:				
Date Work Exped	cted to be Complete:				
THIS FORM	WILL BE RETURNED TO THE PUBLIC	AGENCY FOR CORRECTION AND	RESUBMITTAL IF INCOM	IPLETE.	
Signature of ager	cy representative completing form:				
Printed Name:	DETLIDA T		Date:		
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RETURN THIS COMPLETED FORM TO:

Prevailing Wage Rate Unit ● Bureau of Labor and Industries ● 800 NE Oregon Street, #1045 ● Portland, OR 97232-2180 Telephone (971) 673-0852 • FAX (971) 673-0769