

FORM WD
RECORD OF PAST WORKFORCE DIVERSITY PERFORMANCE

Project Name: _____

Key Number: _____

Name of Proposer: _____

Firm Name: _____

Role (check as applicable): Principal Participant Designer

Provide the information requested below for construction projects completed within the last [*Insert number of years*] years where the Entity was the prime contractor. For any project where the workforce diversity goal, if applicable, was not achieved, attach a maximum ½ page explanation.

Project Name	Minority Goal (%), if applicable	Minority Participation Achieved (%)	Year Completed	Current Owner Contact (Name, Phone and Fax No.)
Project Name	Women Goal (%), if applicable	Women Participation Achieved (%)	Year Completed	Current Owner Contact (Name, Phone and Fax No.)

Has the Entity in the past entered into a corrective action plan (CAP) with ODOT?
YES NO

Add additional sheets if necessary.