

Oregon Department of Transportation

FORM WD

RECORD OF PAST WORKFORCE DIVERSITY PERFORMANCE

Name of Proposer: _____

Firm Name: _____

Role (check as applicable): **Principal Participant** ___ **Designer** ___

Provide the information requested below for construction projects completed within the years 2003, 2004, and 2005 where the Entity was the prime contractor. For any project where the workforce diversity goal, if applicable, was not achieved, attach a maximum 1/2 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.