Form GFE-3

LOUISVILLE METRO GOVERNMENT
GOOD FAITH EFFORTS ("GFE")
SUBCONTRACTOR PAYMENT CERTFICATION

DUE EACH MONTH OF THE CONTRACT PERIOD TO THE HUMAN RELATIONS COMMISSION

Bidder Name: _____ **Total Bid Amount:** _____

Bid Number: _____ **Project Name:** _____

REPORTING MONTH: _____

Fax or mail this form to Louisville Metro Human Relations Commission • 410 W. Chestnut Street, Suite 300A • Louisville, KY 40202
502-574-3631 phone • 502-574-3190 fax • 502- 574-4332 TDD

ALL SUBCONTRACTORS APPEARING ON FORM GFE-1	ORIGINAL CONTRACT AMOUNT ON FORM GFE-1	AMENDED CONTRACT AMOUNT	SUBCONTRACTOR PAYMENT TOTAL (Attach cancelled checks)		
			Date	Payment Amount	Retainage

CONTRACTOR PAYMENT TOTAL (ATTACH INVOICES)		
Invoice Date	Payment Amount	Retainage

ALL SUBCONTRACTORS NOT LISTED OF FORM GFE-1	DIVISION OF WORK	CONTRACT AMOUNT	SUBCONTRACTOR PAYMENT TOTAL (Attach Canceled Checks)			Certified MFHBE
			Date	Payment Amount	Retainage	
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						☐
						☐
						☐
						☐

CONTRACTOR PAYMENT TOTAL (Attach Invoices)		
Date	Payment Amount	Retainage

Signature of Company Official: _____ **Date:** _____

Printed Name: _____