

M/WBE Documents**M/WBE Goal Calculation Worksheet****(This form should reflect the current year's budgeted costs)****RFP # and Title:** _____**Applicant Name:** _____

The M/WBE participation for this grant is 30% of each applicant's total discretionary non- personal service budget over the entire term of the grant. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures.

Please complete the following table to determine the dollar amount of the M/WBE goal for this project year.

| | Budget Category | Amount budgeted for items excluded from M/WBE calculation | Totals (Current FS-10) |
|-----|--|--|---------------------------|
| 1. | Total Budget | | |
| 2. | Professional Salaries | | |
| 3. | Support Staff Salaries | | |
| 4. | Fringe Benefits | | |
| 5. | Indirect Costs | | |
| 6. | Rent/Lease/Utilities* | | |
| 7. | Sum of lines 2, 3 ,4 ,5, and 6 | | |
| 8. | Line 1 minus Line 7 | | |
| 9. | M/WBE Goal percentage (30%) | | 0.30 |
| 10. | Line 8 multiplied by Line 9 =MWBE goal amount | | |

*If not included in #5

NYSED Internal Use Only (please check one):

☐ For Original/Annual Submission

☐ For Amendment Submission # _____

M/WBE COVER LETTER Minority & Woman-Owned Business Enterprise Requirements

NAME OF GRANT PROGRAM_____

NAME OF APPLICANT_____

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-145, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED's participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission:

- ☐ Full Participation – No Request for Waiver (PREFERRED)
- ☐ Partial Participation – Partial Request for Waiver
- ☐ No Participation – Request for Complete Waiver

| |
|---|
| By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder's firm contractually. |
| |
| Typed or Printed Name of Authorized Representative of the Firm |
| |
| Typed or Printed Title/Position of Authorized Representative of the Firm |
| |
| Signature/Date |
| |

M/WBE UTILIZATION PLAN

INSTRUCTIONS: All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant's Name _____ Telephone/Email: _____ / _____
 Address _____ Federal ID No.: _____
 City, State, Zip _____ RFP No./Project No.: _____

| Certified M/WBE | Classification (check all applicable) | Description of Work (Subcontracts/Supplies/Services) | Annual Dollar Value of Subcontracts/Supplies/Services |
|--|---|---|--|
| NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No. | NYS ESD Certified MBE _____ WBE _____ | | \$ _____ |
| NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No. | NYS ESD Certified MBE _____ WBE _____ | | \$ _____ |

PREPARED BY (Signature) _____ DATE _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.

NAME AND TITLE OF PREPARER: _____
(print or type)
 TELEPHONE/E-MAIL _____
 DATE _____

| | |
|--|------------|
| REVIEWED BY _____ | DATE _____ |
| UTILIZATION PLAN APPROVED YES/NO _____ | DATE _____ |
| NOTICE OF DEFICIENCY ISSUED YES/NO _____ | DATE _____ |
| NOTICE OF ACCEPTANCE ISSUED YES/NO _____ | DATE _____ |

**M/WBE SUBCONTRACTORS AND SUPPLIERS
NOTICE OF INTENT TO PARTICIPATE**

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application.

Bidder/Applicant Name: _____ Federal ID No.: _____

Address: _____ Phone No.: _____

City _____ State _____ Zip Code _____ E-mail: _____

Signature of Authorized Representative of Bidder/Applicant's Firm

Print or Type Name and Title of Authorized Representative of Bidder/Applicant's Firm

Date: _____

PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:

Name of M/WBE: _____ Federal ID No.: _____

Address: _____ Phone No.: _____

City, State, Zip Code _____ E-mail: _____

BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:

DESIGNATION: ____ MBE Subcontractor ____ WBE Subcontractor ____ MBE Supplier ____ WBE Supplier

PART C - CERTIFICATION STATUS:

_____ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.

The estimated dollar amount of the agreement \$ _____

Signature of Authorized Representative of M/WBE Firm

Date

Printed or Typed Name and Title of Authorized Representative

M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT # _____

I, _____
(Bidder/Applicant)

_____ of _____
(Title) (Company)

_____ (Address) (Telephone Number)

do hereby submit the following as evidence of our good faith efforts to retain certified minority- and women-owned business enterprises:

(1) Copies of its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor's solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected;

(3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;

(4) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the directory of certified businesses;

(5) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;

(6) Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified minority- and women-owned business enterprises.

(7) Describe any other action undertaken by the bidder to document its good faith efforts to retain certified minority - and women- owned business enterprises for this procurement.

Submit additional pages as needed.

Authorized Representative Signature

Date

M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

RFP#/PROJECT NAME _____

I, _____ (Authorized Representative) _____ (Title) _____ (Bidder/Applicant's Company)

(Address) _____ (Phone)

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

| <u>DATE</u> | <u>M/WBE NAME</u> | <u>PHONE/EMAIL</u> | <u>TYPE OF WORK</u> | <u>ESTIMATED BUDGET</u> | <u>REASON</u> |
|-------------|-------------------|--------------------|---------------------|-----------------------------|---------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.

- _____ **A.** Did not have the capability to perform the work
- _____ **B.** Contract too small
- _____ **C.** Remote location
- _____ **D.** Received solicitation notices too late
- _____ **E.** Did not want to work with this contractor
- _____ **F.** Other (give reason) _____

Authorized Representative Signature

Date

Print Name

M/WBE 105A

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

When completing the Request for Waiver Form, please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1-11, as listed below. If a Waiver Pending ESD Certification is requested, please see Item 11 below. Copies of the following information and all relevant supporting documentation must be submitted along with the request.

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Bidder/Applicant and the M/WBEs undertaken for purposes of complying with the certified M/WBE participations goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number and email address of the Bidder/Applicant's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

NOTE: Unless a Total Waiver has been granted, Bidder/Applicant will be required to submit all reports and documents pursuant to the provisions set forth in the procurement and/or contract, as deemed appropriate by NYSED, to determine M/WBE compliance.

REQUEST FOR WAIVER FORM

BIDDER/APPLICANT:
NAME: ADDRESS:
CITY, STATE, ZIPCODE:

TELEPHONE:
EMAIL:
FEDERAL ID NO.:
RFP NO./PROJECT NO.:

INSTRUCTIONS: By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.

| BIDDER/APPLICANT IS REQUESTING (check all that apply): | |
|--|--|
| <p><input type="checkbox"/> MBE Waiver - A waiver of the MBE goal for this procurement is requested.</p> <p><input type="checkbox"/> Total <input type="checkbox"/> Partial _____%</p> | <p><input type="checkbox"/> WBE Waiver - A waiver of the WBE goal for this procurement is requested.</p> <p><input type="checkbox"/> Total <input type="checkbox"/> Partial _____%</p> |

PREPARED BY (*Signature*): _____

DATE: _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

| <p>NAME OF PREPARER:</p> <p>TITLE OF PREPARER:</p> <p>TELEPHONE:</p> <p>EMAIL:</p> | <table border="1" style="width: 100%;"><thead><tr><th colspan="2" style="text-align: center;">FOR AUTHORIZED USE ONLY</th></tr></thead><tbody><tr><td colspan="2"><p>REVIEWED BY: _____</p><p>DATE: _____</p><p>WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO</p><p><input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER</p><p><input type="checkbox"/> CONDITIONAL WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY</p><p>COMMENTS:</p></td></tr></tbody></table> | FOR AUTHORIZED USE ONLY | | <p>REVIEWED BY: _____</p> <p>DATE: _____</p> <p>WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER</p> <p><input type="checkbox"/> CONDITIONAL WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY</p> <p>COMMENTS:</p> | |
|--|--|--------------------------------|--|--|--|
| FOR AUTHORIZED USE ONLY | | | | | |
| <p>REVIEWED BY: _____</p> <p>DATE: _____</p> <p>WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER</p> <p><input type="checkbox"/> CONDITIONAL WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY</p> <p>COMMENTS:</p> | | | | | |

EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)

Applicant Name: _____

Telephone: _____

Address: _____

Federal ID No.: _____

City, State, ZIP: _____

Project No: _____

Report includes:

☐ Work force to be utilized on this contract OR

☐

☐ Applicant's total work force

☐

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

| EEO - Job Categories | Total Work Force | Race/Ethnicity - report employees in only one category | | | | | | | | | | | | | | | | | |
|---|------------------|--|--------|------------------------|---------------------------|---|-------|----------------------------------|-------------------|----------|---------|-------|------------------|---|-------|----------------------------------|-------------------|----------|---------|
| | | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | | | | |
| | | | | Male | | | | | | | | | Female | | | | | | |
| | | Male | Female | White | African-American or Black | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races | Disabled | Veteran | White | African-American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races | Disabled | Veteran |
| Executive/Senior Level Officials and Managers | | | | | | | | | | | | | | | | | | | |
| First/Mid-Level Officials and Managers | | | | | | | | | | | | | | | | | | | |
| Professionals | | | | | | | | | | | | | | | | | | | |
| Technicians | | | | | | | | | | | | | | | | | | | |
| Sales Workers | | | | | | | | | | | | | | | | | | | |
| Administrative Support Workers | | | | | | | | | | | | | | | | | | | |
| Craft Workers | | | | | | | | | | | | | | | | | | | |
| Operatives | | | | | | | | | | | | | | | | | | | |
| Laborers and Helpers | | | | | | | | | | | | | | | | | | | |
| Service Workers | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | |

PREPARED BY (Signature): _____

DATE: _____

NAME AND TITLE OF

PREPARER: (Print or Type) _____

TELEPHONE/EMAIL: _____

EEO 100

STAFFING PLAN INSTRUCTIONS

General Instructions: All Bidders/Applicants in the proposal/application must complete an EEO Staffing Plan (EEO 100) and submit it as part of the package. Where the work force to be utilized in the performance of the State contract/project can be separated out, the Bidder/Applicant shall complete this form only for the anticipated work force to be utilized on the State contract/project. Where the work force to be utilized in the performance of the State contract/project cannot be separated out, the Bidder/Applicant shall complete this form for Bidder/Applicant's total work force.

Instructions for Completing:

1. Enter the Project number that this report applies to, along with the name, address, and federal ID number of the Bidder.
2. Check the appropriate box to indicate if the work force being reported is just for the contract/project or the Bidder/Applicant's total work force.
3. Check off the appropriate box to indicate if the Bidder completing the report is the contractor or subcontractor.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and race/ethnic background and enter under the heading Race/Ethnicity. Contact the M/WBE Coordinator, MWBEgrants@nysed.gov, if you have any questions.
6. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in designated areas.

RACE/ETHNIC IDENTIFICATION

For purposes of this form NYSED will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. The race/ethnic categories for this survey are:

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- **Disabled** - Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such an impairment; or is regarded as having such an impairment
- **Vietnam Era Veteran** - a veteran who served at any time between and including January 1, 1963 and May 7, 1975.

EEO 100