

|  | Budget Category | Amount |
|--|-----------------|--------|
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M/WBE COVER LETTER Minority & Woman- Owned Business Enterprise Requirements

## 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 \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

Telephone/Email: Federal ID No.: \_\_\_\_\_  
RF No.: \_\_\_\_\_

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| Certified M/WBE | Classification | Description of Work | Annual Dollar Value of |
|-----------------|----------------|---------------------|------------------------|
|-----------------|----------------|---------------------|------------------------|

M/WBE SUBCONTRACTORS AND SUPPLIERS  
NOTICE OF INTENT TO PARTICIPATE

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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

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

## REQUEST FOR WAIVER FORM

BIDDER/APPLICANT NAME:

TELEPHONE:

ADDRESS:

EMAIL:

FEDERAL ID NO.:

CITY, STATE, ZIPCODE:

RFP#/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):                   |  |       |                |
|--|--|-------|----------------|
| MBE Waiver - A waiver of the MBE goal for this procurement is requested. | WBE Waiver - A waiver of the WBE goal for this procurement is requested. |       |                |
| Total  | Partial _____%   | Total | Partial _____% |

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 -

## 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 publications in which you solicited certified M/WBEs for the purposes of complying with 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 goals.
5. Copies of notices, dates of contact, letters, and other correspondence as 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 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 documents were made available (i4pl)-2 (a)4 vto  
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