M/WBE Documents
# M/WBE Checklist

## M/WBE DOCUMENTS PACKAGE (SIGNATURES REQUIRED)

- □ Full Participation
- □ Request Partial Waiver
- □ Request Total Waiver

<table>
<thead>
<tr>
<th>Type of Form</th>
<th>Full Participation</th>
<th>Request Partial Waiver</th>
<th>Request Total Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/WBE Cover Letter</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>M/WBE 100 Utilization Plan</td>
<td>□</td>
<td>□</td>
<td>N/A</td>
</tr>
<tr>
<td>M/WBE 102 Notice of Intent to Participate</td>
<td>□</td>
<td>□</td>
<td>N/A</td>
</tr>
<tr>
<td>EEO 100 Staffing Plan and Instructions</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>M/WBE 105 Contractor’s Good Faith Efforts</td>
<td>N/A</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>M/WBE 101 Request for Waiver Form and Instructions</td>
<td>N/A</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Minority & Woman-Owned Business Enterprise Requirements

NAME OF FIRM______________________________________________________

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-144, 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
**INSTRUCTIONS:** All bidders submitting responses to this procurement must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal. 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.

Bidder's Name: ___________________________
Telephone: ___________________________
Address: ___________________________
Federal ID No.: ___________________________
City, State, Zip: ___________________________
RFP No.: ___________________________

<table>
<thead>
<tr>
<th>Certified M/WBE</th>
<th>Classification (check all applicable)</th>
<th>Description of Work (Subcontracts/Supplies/Services)</th>
<th>Annual Dollar Value of Subcontracts/Supplies/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>NYS ESD Certified</td>
<td></td>
<td>$ __________________</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>MBE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY, ST, ZIP</td>
<td>WBE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHONE/E-MAIL</td>
<td>☐ For Profit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Not –For-Profit</td>
<td></td>
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<td>FEDERAL ID No.</td>
<td></td>
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<tr>
<td>NAME</td>
<td>NYS ESD Certified</td>
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<tr>
<td>FEDERAL ID No.</td>
<td></td>
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</tr>
</tbody>
</table>

**PREPARED BY (Signature) ______________________ DATE __________________**

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER’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 DISQUALIFICATION.**

**NAME AND TITLE OF PREPARER:** ___________________________
(print or type)

**TELEPHONE/E-MAIL** ___________________________

**DATE** ___________________________

**M/WBE 100**
M/WBE SUBCONTRACTORS AND SUPPLIERS
NOTICE OF INTENT TO PARTICIPATE

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

| Bidder Name: ____________________________ | Federal ID No.: ____________________________ |
| Address: ____________________________ | Phone No.: ____________________________ |
| City ____________________________ | State ____________________________ | Zip Code ____________________________ | E-mail: ____________________________ |

Signature of Authorized Representative of Bidder’s Firm  Print or Type Name and Title of Authorized Representative of Bidder’s Firm

Date: ____________________________

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

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 (CHECK ONE):

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

___ The undersigned has applied to New York State’s Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER CONDITIONED UPON THE BIDDER’S EXECUTION OF A CONTRACT WITH THE NEW YORK STATE 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
**EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN**

Instructions on Page 2

Bidder Name: ___________________________ Telephone: ___________________________

Address: ___________________________ Federal ID No.: ___________________________

City, State, ZIP: ___________________________ RFP No.: ___________________________

Report includes: ___________________________________________________________________

Reporting Entity: ___________________________

Work force to be utilized on this contract ___________ Contractor ___________

Contractor/Subcontractor’s total work force ___________ Subcontractor - Name: ___________________________

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

<table>
<thead>
<tr>
<th>EEO - Job Categories</th>
<th>Total Work Force</th>
<th>Hispanic or Latino</th>
<th>Not-Hispanic or Latino</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>African-American or Black</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
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<td></td>
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<td>Asian</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Two or More Races</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Disabled</td>
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<tr>
<td></td>
<td></td>
<td>Veteran</td>
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<td></td>
<td></td>
<td>White</td>
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<tr>
<td></td>
<td></td>
<td>African-American</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Asian</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Veteran</td>
<td></td>
</tr>
</tbody>
</table>

**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: ___________________________ TELEPHONE/EMAIL: ___________________________

(print or type)

EEO 100
STAFFING PLAN INSTRUCTIONS

General Instructions: All Bidders and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor’s or subcontractor’s total work force, the Bidder shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor’s or subcontractor’s total work force, the Bidder shall complete this form for the contractor’s or subcontractor’s total work force.

Instructions for Completing:
1. Enter the RFP number that this report applies to, along with the name, address, and federal ID number of the Bidder.
2. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Bidder’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 Designated Contact(s) for the solicitation if you have any questions.
6. Enter the name, title, phone number and/or 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
(a) The contractor must document its good faith efforts toward meeting certified minority- and women-owned business enterprise utilization plans by providing, at a minimum:

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.

(b) In addition to the information provided by the contractor in paragraph (a) above, the State agency may also consider the following to determine whether the contractor has demonstrated good faith efforts:

1. Whether the contractor submitted an alternative utilization plan consistent with the subcontract or supplier opportunities in the contract;
2. The number of certified minority- and women-owned business enterprises in the region listed in the directory of certified businesses that could, in the judgment of the State agency, perform work required by the State contract scope of work;
3. The actions taken by the contractor to contact and assess the ability of certified minority- and women-owned business enterprises located outside of the region in which the State contract scope of work is to be performed to participate on the State contract;
4. Whether the contractor provided relevant plans, specifications or terms and conditions to certified minority- and women-owned business enterprises sufficiently in advance to enable them to prepare an informed response to a contractor request for participation as a subcontractor or supplier;
5. The terms and conditions of any subcontract or provision of supplies offered to certified minority- or women-owned business enterprises and a comparison of such terms and conditions with those offered in the ordinary course of the contractor’s business and to other subcontractors or suppliers of the contractor;
6. Whether the contractor offered to make up any inability to comply with the certified minority- and women-owned business enterprises goals in the subject State contract in other State contracts being performed or awarded to the contractor; and
7. Any other information that is relevant or appropriate to determining whether the contractor has demonstrated a good faith effort.
M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT #_________________

I, __________________________________________________________________________________________
(Contractor/Vendor)

___________________________________________________ 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’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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>M/WBE NAME</th>
<th>PHONE/EMAIL</th>
<th>TYPE OF WORK</th>
<th>ESTIMATED BUDGET</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>5</td>
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</tbody>
</table>

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 __________________________
REQUEST FOR WAIVER FORM

<table>
<thead>
<tr>
<th>BIDDER/CONTRACTOR NAME:</th>
<th>TELEPHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>EMAIL:</td>
</tr>
<tr>
<td>CITY, STATE, ZIPCODE:</td>
<td>FEDERAL ID NO.:</td>
</tr>
<tr>
<td>RFP#/CONTRACT NO.:</td>
<td></td>
</tr>
</tbody>
</table>

INSTRUCTIONS: By submitting this form and the required information, the bidder/contractor 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/CONTRACTOR IS REQUESTING (check all that apply):

- A waiver of the MBE goal for this procurement is requested.
  - Total
  - Partial _____%

- A waiver of the WBE goal for this procurement is requested.
  - Total
  - Partial _____%

- Waiver Pending ESD Certification
  (check here if subcontractor or supplier is not certified M/WBE, but an application for certification has been filed with Empire State Development)

Subcontractor/Supplier Name: ____________________________ Date of application filing: ____________________________

PREPARED BY (Signature): ________________________________ DATE: ________________________________

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/CONTRACTOR'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.

FOR AUTHORIZED USE ONLY

<table>
<thead>
<tr>
<th>NAME OF PREPARER:</th>
<th>REVIEWED BY:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE OF PREPARER:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMAIL:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WAIVER GRANTED

- ■ YES
- □ NO

- □ TOTAL WAIVER
- □ PARTIAL WAIVER
- □ ESD CERTIFICATION WAIVER
- □ NOTICE OF DEFICIENCY
- □ CONDITIONAL WAIVER

COMMENTS: ____________________________ DATE: ________________________________
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/Contractor, 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/Contractor'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/Contractor 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.