

SCHEDULE B – MWBE Utilization Plan

Part 1: MWBE Participation Goals

Contract Overview (To be completed by the DOE)

Solicitation Number: _____ DOE Contract No. #: _____

Project Title _____ OLS #: _____

Contracting Agency New York City Department of Education -Bid/Proposal Response Date _____

Agency Address _____ City _____ State _____

Z i p _____

Contact Person _____ Title _____

Telephone _____ Email _____

Project Description (attach additional pages if necessary)

Bidder or proposer is required OR is not required to specifically identify the contact information of all M/WBE firms they intend to use as a subcontractor on this contract, including the M/WBE vendor name, address and telephone number in the space provided below in Part 2 Section 4.

MWBE Participation Goals for Services

Enter the percentage amount for each category or for an unspecified Goal.

Prime Contract Industry: _____

Category and Breakdown:

Unspecified _____ %

Black American _____ %

Hispanic American _____ %

Asian American _____ %

Women _____ %

Total Participation Goals _____ %
Line 1

Part 2: MWBE Participation Plan

(To be completed by the bidder/proposer unless granted a full waiver, which must be submitted with the bid/proposal in lieu of this form)

Section 1: Prime Contractor Contact Information

Tax ID# _____ FMS Vendor ID# _____

Business Name _____ Contact Person _____

Business Address _____ City _____

State _____ ZIP _____

Telephone _____ Email _____

Section 2: MWBE Utilization Goal Calculation

Prime Contractor Adopting Agency Participation Goals

For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Agency MWBE Participation Goals.

Total Bid/Proposal Value \$ _____

multiplied by x

Total Participation Goals _____ %
(Line 1 above)

Calculated M/WBE Participation Amount \$ _____
Line 2

OR

Prime Contractor With Partial Waiver Approval Adopting Revised Participation Goals

For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Revised MWBE Participation Goals.

Total Bid/Proposal Value \$ _____

multiplied by x

Total Revised Participation Goals _____ %

Calculated M/WBE Participation Amount \$ _____
Line 3

As an MWBE Prime Contractor that will self-perform and/or subcontract to other MWBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable. The value of any work subcontracted to non-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals. Please check all that apply to Prime Contractor: MBE WBE

As a Qualified Joint Venture with an MWBE partner, in which the value of the MWBE partner's participation and/or the value of any work subcontracted to other MWBE firms is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable. The value of any work subcontracted to non-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals.

As a non-MWBE Prime Contractor that will enter into subcontracts with MWBE firms the value of which is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable.

Section 4: General Contract Information

What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of MWBE status? _____ %

Enter a brief description of the type(s) and dollar value of subcontracts for all services you plan to subcontract if awarded this contract, along with the anticipated start and end dates for such subcontracts. For each item, indicate whether the work is designated for participation by an MWBE. Where the contracting agency's solicitation has indicated a requirement that the bidder or proposer specifically identify the contact information of all MWBEs they intend to use on this contract, vendors must also include the MWBE vendor name, address and telephone number in the space provided below. Use additional sheets if necessary.

Description of Work	Start Date (MM/YY)	End Date (MM/YY)	Planned \$ Amount	Designated for MWBE		MWBE Vendor Name	MWBE Address	MWBE Telephone
				Y	N			
1. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
4. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
5. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
6. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
8. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
9. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
10. _____	_____	_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Section 5: Vendor Certification and Required Affirmations

I hereby:

1. acknowledge my understanding of the MWBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;
2. affirm that the information supplied in support of this MWBE Utilization Plan is true and correct;
3. agree, if awarded this Contract, to comply with the MWBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;
4. agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the MWBE Participation Goals to certified MWBEs, unless a full waiver is obtained or such Goals are modified by the DOE; and
5. agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the MWBE Participation Goals, or if a partial waiver is obtained or such Goals are modified by the DOE, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MWBE firms.

Signature _____ Date _____

Print Name _____ Title _____

SCHEDULE B – Part 3

Request for Waiver of MWBE Participation Requirement

Contract Overview

Tax ID# _____ FMS Vendor ID# _____
 Business Name _____ Contact Name _____
 Email _____ Telephone _____
 Contracting Agency New York City Department of Education
 Solicitation # _____ Bid/Proposal Due Date _____

Basis for Waiver Request: Check appropriate box & explain in detail below (attach additional pages if needed)

- Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.
- Vendor subcontracts some of this type of work but at a lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. Identify your subcontracting plan in the vendor certification section below.
- Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal requested here. Explain under separate cover.

Vendor Contract History

Using the attached Excel template, list all contracts (for City and Non-City work) performed within the last 3 years and provide the requested information for each contract.

From the list of all contracts, provide reference information below for the 5 most relevant contracts in size, scale and scope (performed for New York City or any other entity) to the bid or proposal for which you are submitting this waiver request. Provide the requested information for each subcontract awarded during the life of the listed reference contract.

Please make sure to highlight the 5 reference contracts provided below among the comprehensive list of all your contract awards within the attached Excel template.

Reference 1

Agency/Organization _____ Contract # _____
 Reference Contact _____ Telephone _____ Email _____
 Contract Start Date _____ Contract End Date _____ Total Contract Value \$ _____

Prime Contract description

Did the vendor perform as a Prime Contractor or as a Subcontractor? Prime Contractor Subcontractor
 Was the Prime Contract subject to any Goals? City MWBE Goals State Goals Federal Goals No Applicable Goals
 Did the Prime Contractor meet Goal requirements? Yes No N/A
 If the Prime Contractor did not meet Goal requirements or contract is still ongoing, please explain

If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

MWBE Participation Goals for Services

Defined by AGENCY in bid/solicitation documents

Percent of the total contract value to be subcontracted to M/WBE vendors for services and/or credited to an M/WBE Qualified Joint Venture.

Unspecified _____ %

Black American _____ %

Hispanic American _____ %

Asian American _____ %

Women _____ %

Total Participation Goals _____ %

Proposed by VENDOR seeking waiver

Percent of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted to MWBE businesses for services. Or if MWBE Qualified Joint Venture, percent of total contract value anticipated to be credited to MWBE vendor(s).

Unspecified _____ %

Black American _____ %

Hispanic American _____ %

Asian American _____ %

Women _____ %

Total Participation Goals _____ %

Percentage of total contract value subcontracted to other vendors _____ %

If you performed as the Subcontractor, please provide a description and value of work areas you self-performed.

_____ \$ _____

Reference 4

Agency/Organization _____ Contract # _____
Reference Contact _____ Telephone _____ Email _____
Contract Start Date _____ Contract End Date _____ Total Contract Value \$ _____
Prime Contract description

Did the vendor perform as a Prime Contractor or as a Subcontractor?

Prime Contractor

Subcontractor

Was the Prime Contract subject to any Goals?

City M/WBE Goals

State Goals

Federal Goals

No Applicable Goals

Did the Prime Contractor meet Goal requirements?

Yes

No

N/A

If the Prime Contractor did not meet Goal requirements or contract is still ongoing, please explain

If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Percentage of total contract value subcontracted to other vendors _____ %

If you performed as the Subcontractor, please provide a description and value of work areas you self-performed.

_____ \$ _____

Reference 5

Agency/Organization _____ Contract # _____
Reference Contact _____ Telephone _____ Email _____
Contract Start Date _____ Contract End Date _____ Total Contract Value \$ _____
Prime Contract description

Did the vendor perform as a Prime Contractor or as a Subcontractor?

Prime Contractor

Subcontractor

Was the Prime Contract subject to any Goals?

City M/WBE Goals

State Goals

Federal Goals

No Applicable Goals

Did the Prime Contractor meet Goal requirements?

Yes

No

N/A

If the Prime Contractor did not meet Goal requirements or contract is still ongoing, please explain

If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Percentage of total contract value subcontracted to other vendors _____ %

If you performed as the Subcontractor, please provide a description and value of work areas you self-performed.

_____ \$ _____

Vendor Certification

Identify/list all the work areas you intend on subcontracting on the current anticipated contract for which you are submitting this waiver request.

I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith. I further affirm that the work that I did not list as work that will be subcontracted on this contract for which I am submitting this waiver request is work that I have performed on past contracts and will not subcontract if awarded this contract.

Signature _____ Date _____

Print Name _____ Title _____

Approvals (for Agency completion only)

CDO or Designee Signature _____ Date _____

Waiver Determination

Full Waiver Approved

Waiver Denied

Partial Waiver Approved

Revised Participation Goal _____ %