M/WBE Compliance Checklist

M/WBE Documents Package (original signatures required)										
Full Participation Request Partial Waiver Request Total Waiver										
	Forms Required									
Type of Form	Full Participation	Request Partial Waiver	Request Total Waiver							
Calculation of M/WBE Goal Amount										
M/WBE Cover Letter										
M/WBE 100 Utilization Plan			N/A							
M/WBE 102 Notice of Intent to Participate			N/A							
M/WBE 105 Contractor's Good Faith Efforts	N/A									
M/WBE 101 Request for Waiver Form and Instructions	N/A									
EEO 100 Staffing Plan and Instructions										

M/WBE Goal Calculation Worksheet

Collegiate Science &	Technology Entry Program	
Science Technology	Entry Program	
Grantee Name:		
PROJECT NUMBER:		

The M/WBE participation goal is 30% of each grantee's total discretionary non-personal service budget. 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); fringe benefits; the portion of the budget in purchased services representing stipends; indirect costs; rent, lease, and utilities, if these are allowable expenditures.

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

	eartene	project year.	
	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Portion of Purchased Services used for Stipends		
6.	Indirect Costs		
7.	Rent / Lease / Utilities / Conference Registration Fees		
8.	Sum of lines 2, 3,4,5,6 and 7		
9.	Line 1 minus Line 8		
10.	M/WBE Goal percentage (30%)		0.30
11.	Line 9 multiplied by Line 10 =M/WBE goal amount		

This form is only for use in the STEP and CTEP (2020-2025) grants. It may not be used with any other grant program.

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 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 firn 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.: RFP No.: City, State, Zip Certified M/WBE Classification Description of Work Annual Dollar Value of (check all applicable) (Subcontracts/Supplies/Services) Subcontracts/Supplies/Services NAME NYS ESD Certified ADDRESS MBE _____ CITY, ST, ZIP WBE PHONE/E-MAIL FEDERAL ID No. NAME NYS ESD Certified **ADDRESS** CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No. DATE PREPARED BY (Signature) 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: REVIEWED BY _____ DATE _____ (print or type) DATE UTILIZATION PLAN APPROVED YES/NO TELEPHONE/E-MAIL NOTICE OF DEFICIENCY ISSUED YES/NO DATE _____ DATE NOTICE OF ACCEPTANCE ISSUED YES/NO 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/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.: ______ City, State, Zip Code E-mail: BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE: WBE Subcontractor **DESIGNATION:** MBE 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/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT. Signature of Authorized Representative of M/WBE Firm The estimated dollar amount of the agreement \$ Printed or Typed Name and Title of Authorized Representative Date

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

PROJECT/CONTRACT #			
I,			
(Bidder/Applicant)			
(Title)	of		(Company)
, ,			•
(Address)		()	(Telephone Number)
lo hereby submit the following as <u>evider</u> enterprises:	nce of our good faith efforts to	o retain certified	1 minority- and women-owned busi
Copies of its solicitations of certifiesponses thereto;	ed minority- and women-o	wned business	s enterprises and any
If responses to the contractor's so business enterprise was not selected			
3) Copies of any advertisements for enterprises timely published in appropublications, together with the listing(priate general circulation, to	trade and mind	ority- or women-oriented
4) Copies of any solicitations of certi lirectory of certified businesses;	ified minority- and/or wome	en-owned busi	ness enterprises listed in the
5) The dates of attendance at any pragency awarding the State contract, which the State agency determined volumpose of fulfilling the contract partic	with certified minority- and were capable of performing	women-owne	d business enterprises
6) Information describing the specific work for the purpose of subcontractin owned business enterprises.			
7) Describe any other action underta ninority - and women- owned busine			faith efforts to retain certified
Submit additional pages as needed.			
	Authorized Represer	ntative Signat	ure
	Date		

M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

RFP#/PROJEC	Г NAME				
1					
(Authorize	d Representative)	(Title)		(Bidder/Applicant's	s Company)
(A	ddress)			_ () (Phone)	
I certify that the for abovementioned p	ollowing New York State Certific roject/contract.	ed Minority/Women Business	Enterprises were contacte	ed to obtain a quote for work	to be performed on the
List of date, name	of M/WBE firm, telephone/e-m	nail address of M/WBEs conta	cted, type of work request	ted, estimated budgeted amo	ount for each quote requested.
<u>DATE</u>	M/WBE NAME	PHONE/EMAIL	TYPE OF WORK	BUDGET	<u>REASON</u>
1.					
2.					
3.					
4.					
5.					
work on this project ABCDE.	knowledge and belief, said Nevert, or unable to provide a quote. Did not have the capability to Contract too small Remote location. Received solicitation notices to Did not want to work with this Other (give reason)	e for the following reasons: I perform the work too late s contractor	Please check appropriate r		
Authorized Repr	esentative Signature	Date		Print Name	

M/WBE 105A

REQUEST FOR WAIVER FORM

I	TELEPHONE: EMAIL:									
ADDRESS:	FEDERAL ID NO.:									
CITY, STATE, ZIPCODE:	RFP#/PROJECT NO.:									
	he bidder/applicant certifies that Good Faith Efforts have been taken to promote s RFP/Contract. Please see Page 2 for additional requirements and documen									
BIDDER/APPLICANT IS RE	QUESTING (check all that apply):									
MBE Waiver - A waiver of the MBE goal for this procurement is requested. Total Partial%	WBE Waiver - A waiver of the WBE goal for this procurement is requested. Total Partial%									
(check here if subcontractor or supplier is not certified M/WBE, but	ending ESD Certification an application for certification has been filed with Empire State Development)									
Subcontractor/Supplier Name:	Date of application filing:									
PREPARED BY (Signature):	DATE:									
REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE	S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE 15-A, 5 NYCRR PART 143, AND THE ABOVE REFERENCED SOLICITATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL									
NAME OF PREPARER:	FOR AUTHORIZED USE ONLY									
TITLE OF PREPARER:	REVIEWED BY:									
TELEPHONE:	DATE:									
EMAIL:	WAIVER GRANTED ☐ YES ☐ NO ☐ TOTAL WAIVER ☐ PARTIAL WAIVER ☐ ESD CERTIFICATION WAIVER ☐ NOTICE OF DEFICIENCY ☐ CONDITIONAL WAIVER COMMENTS:									

M/WBE 101

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.

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

Applicant Name:				Telep	hone:		_												
Address:						Feder	al ID No).:	_										
City, State, ZIP:						Projec	ct No:		_										
Report includes: Work force to be utilized on this contract OR																			
Applicant's total work force																			
Enter the total number of empl	oyees in	each c	lassifi	cation	in each	of the E	EO-Jo	b Categ	ories	iden	ified	l.							
								Race/E	thnicit	y - r	eport	t emp	loyees	in only	one co	ategory			
	0	Hisp	anic									Not-l	Hispan	ic or Lati	ino				
) c	or Lo	atino		1		Male		1					1			Femo	ale	
EEO - Job Categories	Total Work Force	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	Asian	American Indian or Alaska Native	Two or More	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:								TELEPH	ONE/I	EMAI	L:								
(Print or type)																			

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, mwbe@mail.nyused.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.