

**ATTACHMENT 6
RFA #20171**

GUIDE TO NEW YORK STATE DOH M/WBE RFA NFP REQUIRED FORMS

All DOH procurements have a section entitled “**MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE REQUIREMENTS**” which sets forth the established DOH goal for that procurement and describes the forms that must be completed with their proposal or application. See below for a summary of each required form.

There are five (5) forms used by a grantee in the DOH MWBE Participation Program:

1. NFP MWBE Utilization Plan
2. MWBE Utilization Waiver Request
3. Payments to MWBE Firms (Online Compliance System)
4. MWBE Staffing Plan
5. EEO and MWBE Policy Statement

Form #1: NFP MWBE Utilization Plan –

This document is mandatory for all awards with MWBE Utilization Goals and must be completed by all grantees responding to RFAs with an MWBE goal greater than zero. Utilization Plans are not definitive commitments and include estimates which can be revised after a contract is executed. Therefore, the first submission of the UP may be an estimate. When requesting a waiver, the reasoning for not meeting the goal should be clear with explanatory documentation that no MWBE exists or can be used to meet the established goal.

If requesting a...	Then complete the “Description of Plan” ...
Partial Waiver	justifying the reduced goal and strategy to meet new goal
Full Waiver (onset of contract)	indicating why the established goal cannot be reached
Full Waiver (after onset of contract)	stating the original strategy to meet the goal and what changed

In completing this form, the grantee should describe:

- steps taken to establish communication with MWBE firms;
- current or future relationships with certified MWBE firms;
- the MWBE certified firms that the vendor plans/planned to engage with on the project;
- the amount that each certified firm is projected to be paid; and
- the breakdown of their eligible expense percentage.

Note: **Only New York State certified firms**, found on the NYS Directory, meet the criteria for participation. If a vendor has applied to Empire State Development (ESD) to become certified but is not found on the [NYS Directory](#), see form two (2). Certification of a firm in New York City (NYC) does not guarantee the firm is also NYS certified. When a Utilization Plan is not submitted or is deemed deficient, the grantee may be sent a notice of deficiency.

Form #2: MWBE Utilization Waiver Request –

This document must be filled out by the grantee if the MWBE Goal is less than the stated MWBE Goal on the contract. In this instance, Form #2 must accompany Form #1 with the proposal.

In completing this form, the grantee must:

- Thoroughly document the steps that were taken to meet the goal
- Provide evidence in the form of Good-Faith Effort (GFE) attachments including but not limited to:
 - price negotiations
 - emails
 - searches within the NYS Directory

The Department of Health may not approve the waiver and the grantee may be deemed non-responsive without evidence of GFE's. If Form #2 is found by DOH to be deficient, the grantee will be sent a deficiency letter asking for a revised form to be returned within 7 business days of receipt.

Form #3: Online Compliance System - <https://ny.newnycontracts.com> Grantees will need to login and submit payments to MWBE Firms in this online system and sign form three (3) as acknowledgement of this requirement.

Form #4 – MWBE Staffing Plan - This form should be completed based on the composition of staff working on the project. Enter the numbers or counts in the corresponding boxes and add up the totals in each column. This form is for diversity research purposes only and has no bearing on MWBE goal achievement.

Form #5 – EEO and MWBE Policy Statement - This is a standard EEO policy that needs to be signed and dated and submitted.

-MWBE Form #1-
New York State Department of Health
MWBE UTILIZATION PLAN

Applicant/Grantee Name:	
Vendor ID:	Telephone No. Email:
RFA/Contract Title:	RFA/Contract No.

Description of Plan to Meet MWBE Goals

(Use pages 2-3 to provide specific M and W subcontractor information)

PROJECTED MWBE USAGE

	%	Amount (over life of the contract)
1. Total Dollar Value of Eligible Expenditures for Life of Contract <ul style="list-style-type: none"> • Not-For Profit Contracts: Any open market subcontracts or purchases are eligible • Capital Contracts: Full Value 		\$
2. MBE Goal Applied to Eligible Expenditures		\$
3. WBE Goal Applied to Eligible Expenditures		\$
4. MWBE Combined Eligible Expenditure Totals*		\$

“Making false representation or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization.”

**MWBE UTILIZATION PLAN
MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION**

In order to achieve the MBE Goals, grantee expects to subcontract/purchase with New York State certified MINORITY-OWNED entities as follows: (add additional pages as needed)

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Expenditure Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

**MWBE UTILIZATION PLAN
WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION**

In order to achieve the MBE Goals, grantee expects to subcontract/purchase with New York State certified WOMEN-OWNED entities as follows: (add additional pages as needed)

WBE Firm (Exactly as Registered)	Description of Work (Products/Services) [WBE]	Projected WBE Expenditure Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

-MWBE Form #2-
New York State Department of Health
MWBE Waiver Request

Applicant/Grantee: Click here to enter text.	Federal Identification No.: Click here to enter number.	
Address: Click here to enter text.	Solicitation/Contract No.: Click here to enter number.	
City, State, Zip Code: Click here to enter text.	M/WBE Goals over life of Contract: MBE %%% WBE %%% (From Lines 2&3 of Form 1)	
<p>Contractor is requesting the following waiver of the procurement goal: (check one)</p> <p> <input type="checkbox"/> Total MBE Waiver <input type="checkbox"/> Partial MBE Waiver <input type="checkbox"/> Total M/WBE Waiver <input type="checkbox"/> Total WBE Waiver <input type="checkbox"/> Partial WBE Waiver <input type="checkbox"/> Waiver Pending ESD Certification – (Subcontractor/Supplier not currently certified M/WBE & application has been filed with Empire State Development to become a certified M/WBE) Date of such filing with Empire State Development: Click here to enter a date. </p> <p><u>If a total or partial waiver is requested, appropriate supporting documentation as outlined in the Detailed MWBE Form Instructions is required.</u></p>		
<p>By submitting this form and the required information, the officer or/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract. When requesting a waiver, it should be clear that no MWBE exists or can be used to meet the established goal.</p> <p>Submission of this form constitutes the Offeror/Contractor’s acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Laws, Article 15-A and 5 NYCRR Part 143. Failure to submit complete and accurate information may result in a finding of noncompliance and/or termination of the contract.</p>		
_____ PREPARED BY (Signature)	_____ Date:	
Name and Title of Preparer (Printed or Typed):	Telephone Number:	Email Address:
Submit with the bid or proposal or if submitting after award submit to: mwbe@health.ny.gov		
***** FOR DMWBD USE ONLY *****	Reviewed By:	Date:
Waiver Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Total MBE Waiver	<input type="checkbox"/> Partial MBE Waiver	<input type="checkbox"/> Total M/WBE Waiver
<input type="checkbox"/> Total WBE Waiver	<input type="checkbox"/> Partial WBE Waiver	<input type="checkbox"/> *Conditional
<input type="checkbox"/> Notice of Deficiency Issued _____	<input type="checkbox"/> ESD Certification Waiver	

MWBE Form #3-
New York State Department of Health
Online Compliance System Payment Submission Confirmation

Grantee/Contractor Name:	
Vendor ID:	Telephone No. Email:
RFA/Contract Title:	RFA/Contract No.
<p>The Contractor is required to log into the Online Compliance System and submit their Quarterly MWBE Contractor Compliance payment data. This must be submitted to the DOH, no later than the 10th day following the end of the quarter being reported.</p> <p>The Online Compliance System can be found here: Online Compliance System</p> <p>Below is a breakdown of the reporting dates for your reference:</p> <ul style="list-style-type: none">• Q1 – April - June is due by July 10th• Q2 – July -September is due by October 10th• Q3 – October -December is due by January 10th• Q4 – January -March is due by April 10th	
_____ Signature of Acknowledgement	_____ Date:

- M/WBE Form #4 -
New York State Department of Health
M/WBE STAFFING PLAN

For project staff, consultants and/or subcontractors working on this grant complete the following plan. This has no impact on MWBE utilization goals, or the submitted Utilization Plan - Form#1. This is for diversity research purposes.

Contractor Name _____

Address _____

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Executive/Senior level Officials							
Managers/Supervisors							
Professionals							
Technicians							
Administrative Support							
Craft/Maintenance Workers							
Laborers and Helpers							
Service Workers							
Totals							

(Name and Title)

(Signature)

Date

- M/WBE Form #5 –
**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES –
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations. Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.

Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.

Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

Name & Title

Signature & Date

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

