



# MINORITY/WOMAN OWNED BUSINESS ENTERPRISE (MWBE) FORM 1: UTILIZATION COMPLIANCE

Event #: \_\_\_\_\_

Bidder/Proposer: \_\_\_\_\_ MWBE Goal on Solicitation: \_\_\_\_\_%

**Instructions:** Review this form, select the Scenario (**Select Only One**) which applies to the method you will use to meet the MWBE goal applied to this Solicitation. Sign and date the form at the bottom.

Complete all forms identified under the Scenario, as well as **Form 5: MWBE/Equal Employment Opportunity Policy Statement** and **Form 6: MWBE Staffing Plan**

**MWBE Utilization Compliance:**

I, the Bidder/Proposer, will satisfy the MWBE requirements of the solicitation in the following manner and have included the required documentation itemized under the selected Scenario.

- Scenario 1 – Meet or Exceed Goal as a MWBE Prime Contractor:**  
I, the bidder/proposer, am a New York State Certified MWBE firm and am committed to achieving at least the minimum MWBE Utilization Goal set forth in the solicitation if awarded this contract and have:
  - Deducted the value of non-MWBE subcontractor(s) in calculating value of MWBE utilization.
  - Attached proof of current MWBE certification.
  - Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded.
  
- Scenario 2 – Meet or Exceed Goal through Subcontracting:**  
I, the bidder/proposer, am committed to achieving at least the minimum MWBE Utilization Goal set forth in the solicitation through the use of NYS Certified MWBE subcontractors if awarded this contract and have:
  - Completed and enclosed **Form 2: Letter of Intent** for each subcontractor to be utilized if awarded this contract.
  - Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded.
  
- Scenario 3 – Utilizing MWBE Subcontractors but Not Meeting Goal:**  
I, the bidder/proposer, am unable to meet the MWBE Utilization Goal stated in the solicitation, however, I am committed to a minimum of \_\_\_\_\_% MWBE Utilization if awarded this contract and have:
  - Completed and enclosed **Form 2: Letter of Intent** for each subcontractor to be utilized if awarded this contract.
  - Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded.
  - Attached **Form 4: Application for Waiver** for the unfulfilled portion of the MWBE goal.
  
- Scenario 4 – No MWBE Utilization:**  
I, the bidder/proposer, am unable to meet the MWBE goal stated in the solicitation and am unable to identify any MWBE subcontractors to be utilized if awarded this contract and have:
  - Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded
  - Attached **Form 4: Application for Waiver** for the unfulfilled MWBE Goal.

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Contractor's Authorized Official: \_\_\_\_\_



## MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (MWBE) FORM 2: LETTER OF INTENT

**Instructions:** Complete, Sign & Submit One Letter of Intent for EACH MWBE Subcontractor

Bidder/Proposer: \_\_\_\_\_

MWBE Subcontractor: \_\_\_\_\_

**MWBE Contact Information:**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Certified Ethnicity: \_\_\_\_\_ Certified Gender: \_\_\_\_\_

Description of Work to be Performed by MWBE Firm:

The bidder/proposer is committed to utilizing the above-named MWBE firm for the work described above if awarded a contract.

Estimated Dollar Value of Work: \$ \_\_\_\_\_. Estimated Percentage of Total Contract Value: \_\_\_\_%.

**Affirmation**

The above-named MWBE firm affirms that it will perform the portion of the contract work described above for the estimated dollar value stated above.

**Signature of MWBE Firm’s Authorized Representative:** \_\_\_\_\_

**Print Name of Authorized Representative:** \_\_\_\_\_

**Title of Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note:** *If the bidder/proposer does not receive award of the prime contract, any and all representations in this Letter of Intent and Affirmation shall be null and void.*



# FORM 3: CONTRACTOR'S UTILIZATION PLAN

**Include ALL Subcontractor's Utilized  
Regardless of Certification Status**

Bidding Firm:	Event #:	Date:

Subcontractor/Supplier Name and Address:	Certification (check all that apply):	If DBE, Provide Gender & Ethnicity:	Description of Work:	Estimated Dollar & Percentage Value:
1	<input type="checkbox"/> Not Certified  <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/> DBE	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Non Minority		Signed Letter of Intent <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name: _____ Phone #: _____ Email: _____  Federal ID #: _____				

Subcontractor/Supplier Name and Address:	Certification (check all that apply):	If DBE, Provide Gender & Ethnicity:	Description of Work:	Estimated Dollar & Percentage Value:
2	<input type="checkbox"/> Not Certified  <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/> DBE	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Non Minority		Signed Letter of Intent <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name: _____ Phone #: _____ Email: _____  Federal ID #: _____				

Subcontractor/Supplier Name and Address:	Certification (check all that apply):	If DBE, Provide Gender & Ethnicity:	Description of Work:	Estimated Dollar & Percentage Value:
3	<input type="checkbox"/> Not Certified  <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/> DBE	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Non Minority		Signed Letter of Intent <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name: _____ Phone #: _____ Email: _____  Federal ID #: _____				

My company proposes to utilize the above-listed firms as subcontractors if awarded a contract.

Name of Person Submitting Form: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please make additional copies if more space is needed.

Reviewed by RGRTA:	Date:	Accepted:



## FORM 4: APPLICATION FOR WAIVER

**Section 1: Basic Information**

Contractor's Name:	Federal Identification Number:		
Street Address:	E-Mail Address:		
City, State, Zip Code:	Telephone: (     )     -		
Procurement Name and Number:	MBE Goal	WBE Goal	Combined Goal
	%	%	%

**Section 2: Type of MWBE Waiver Requested**

<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised:	MBE Goal	WBE Goal	Combined Goal
			%	%	%

Please explain the reason for the waiver request:

**Section 3: Supporting Documentation**

Provide the following documentation as evidence of your good-faith efforts to meet the MWBE goal set forth in the solicitation and in support of your waiver application:

- Attachment A.** List of Firms Contacted, Demonstration of Efforts. See Form in this Packet.
- Attachment B.** Identify efforts to create subcontracting opportunities within the scope of work.
- Attachment C.** Other information deemed relevant to the request.
  
- I did / did not attend a pre-bid, pre-award or other meeting(s) scheduled by RGRTA which included MWBE firms interested/available to subcontract. Date of Meeting:** \_\_\_\_\_ (or N/A.)

**Section 4: Signature and Contact Information**

**By signing and submitting this form, the contractor certifies that a good-faith effort has been made to promote MWBE participation pursuant to the MWBE requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of non-compliance, non-responsibility, and a suspension or termination of the contract.**

Prepared By: (Signature)	Date:	
Name and Title of Preparer (Print or Type)		

**For RGRTA Use Only**

Reviewed By:		Date:	
Decision:			
<input type="checkbox"/> Full MWBE waiver granted <input type="checkbox"/> Partial MWBE waiver granted; revised MBE goal: _____ % WBE goal _____ % <input type="checkbox"/> MWBE waiver denied			
Approved By:		Date:	
Date Notice of Determination Sent:			
Comments			



## FORM 4: APPLICATION FOR WAIVER

### Attachment A: MWBE Firms Contacted

Name of Firm: _____
Address: _____
City, State, Zip: _____
Name of Contact: _____
Contact E-Mail: _____ Phone #: _____
Firm Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE
Description of Work to be Completed by MWBE:
Reason MWBE will not be used:
Supporting Documentation Attached: <input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

Name of Firm: _____
Address: _____
City, State, Zip: _____
Name of Contact: _____
Contact E-Mail: _____ Phone #: _____
Firm Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE
Description of Work to be Completed by MWBE:
Reason MWBE will not be used:
Supporting Documentation Attached: <input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

Name of Firm: _____
Address: _____
City, State, Zip: _____
Name of Contact: _____
Contact E-Mail: _____ Phone #: _____
Firm Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE
Description of Work to be Completed by MWBE:
Reason MWBE will not be used:
Supporting Documentation Attached: <input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM IF NEEDED



**FORM 5:  
MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES /  
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

I, \_\_\_\_\_, (insert firm name) the (Proposer/Bidder) agree, if awarded a contract, to adopt the following policies with respect to the project being developed or services rendered at the **Rochester Genesee Regional Transportation Authority** including any and all subsidiaries.

**MWBE**

**EEO**

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

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to MWBE contractor associations.
- (2) Request a list of State-certified MWBEs from AGENCY and solicit bids from them directly.
- (3) 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 MWBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by MWBEs and encourage the formation of joint venture and other partnerships among MWBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to MWBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting MWBE contract participation goals.
- (6) Ensure that progress payments to MWBEs 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 MWBE participation

- (1) 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.
- (2) 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.
- (3) 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 organizations' obligations herein.
- (4) This organization will include the provisions of sections (a) through (c) 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.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_  
(Signature of Authorized Official)

Print: \_\_\_\_\_ Title: \_\_\_\_\_



## MWBE FORM 6: STAFFING PLAN

<b>Procurement Name:</b>	<b>Staffing Plan reflects Contractor's/Subcontractor's:</b> <input type="checkbox"/> Workforce to be utilized on this contract <input type="checkbox"/> Total Workforce (Applies only when a dedicated workforce is not able to be identified, e.g., call centers.)
<b>Bidder/Proposer's Name:</b>	
<b>Check which firm the Staffing Plan reflects:</b> <input type="checkbox"/> Bidder/Proposer <input type="checkbox"/> Subcontractor <b>Subcontractor's Name:</b>	

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

EEO-Job Category	Total Workforce	Workforce by Gender		Workforce by Race/Ethnic Identification														
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)		
Officials/ Administrators																		
Professionals																		
Technicians																		
Sales Workers																		
Office/Clerical																		
Craft Workers																		
Laborers																		
Service Workers																		
Temporary /Apprentices																		
<b>Totals</b>																		

<b>SIGNATURE OF AUTHORIZED OFFICIAL:</b>	<b>TELEPHONE NO.:</b>	<b>DATE:</b>
	<b>EMAIL ADDRESS:</b>	
<b>NAME AND TITLE OF CONTRACTOR'S AUTHORIZED OFFICIAL:</b>		