

## Part 1: M/WBE Participation Goals

### Contract Overview (To be completed by contracting agency)

APT E-Pin# \_\_\_\_\_ FMS Project ID# \_\_\_\_\_  
 Project Title \_\_\_\_\_ Agency PIN# \_\_\_\_\_  
 Contracting Agency \_\_\_\_\_ Bid/Proposal Response Date \_\_\_\_\_  
 Agency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 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.

### M/WBE 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: M/WBE 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 3: Contractor M/WBE Utilization Plan

Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation. Check applicable box. The Proposer or Bidder will fulfill the M/WBE Participation Goals:

- As an M/WBE Prime Contractor that will self-perform and/or subcontract to other M/WBE 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-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals. Please check all that apply to Prime Contractor:  MBE  WBE
- As a Qualified Joint Venture with an M/WBE partner, in which the value of the M/WBE partner's participation and/or the value of any work subcontracted to other M/WBE 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-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals.
- As a non-M/WBE Prime Contractor that will enter into subcontracts with M/WBE 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 2: M/WBE Utilization Goal Calculation

**Prime Contractor Adopting Agency Participation Goals**  
 For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Agency M/WBE 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 M/WBE firms) adopting Revised M/WBE Participation Goals.

Total Bid/Proposal Value \$ \_\_\_\_\_  
**multiplied by** x  
 Total Revised Participation Goals \_\_\_\_\_ %

Calculated M/WBE Participation Amount \$ \_\_\_\_\_  
 Line 3

**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 M/WBE 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 M/WBE. Where the contracting agency's solicitation has indicated a requirement that the bidder or proposer specifically identify the contact information of all M/WBEs they intend to use on this contract, vendors must also include the M/WBE 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 M/WBE		M/WBE Vendor Name	M/WBE Address	M/WBE 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:
- acknowledge my understanding of the M/WBE 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;
  - affirm that the information supplied in support of this M/WBE Utilization Plan is true and correct;
  - agree, if awarded this Contract, to comply with the M/WBE 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;
  - agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the M/WBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such Goals are modified by the Agency; and
  - agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the M/WBE Participation Goals, or if a partial waiver is obtained or such Goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_

## Request for Waiver of M/WBE Participation Requirement

### Contract Overview

Tax ID# \_\_\_\_\_ FMS Vendor ID# \_\_\_\_\_  
 Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Email \_\_\_\_\_ Telephone \_\_\_\_\_  
 Contracting Agency \_\_\_\_\_  
 APT E-Pin# \_\_\_\_\_ 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 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.  
 \_\_\_\_\_ \$ \_\_\_\_\_

### M/WBE 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 M/WBE businesses for services. Or if M/WBE Qualified Joint Venture, percent of total contract value anticipated to be credited to M/WBE vendor(s).

Unspecified \_\_\_\_\_ %  
 Black American \_\_\_\_\_ %  
 Hispanic American \_\_\_\_\_ %  
 Asian American \_\_\_\_\_ %  
 Women \_\_\_\_\_ %

**Total Participation Goals** \_\_\_\_\_ %

**Reference 2**

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

<b>If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
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 3**

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

<b>If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
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 \_\_\_\_\_

<p><b>Approvals (for Agency completion only)</b></p> <p>ACCO Signature _____ Date _____</p> <p>CCPO Signature _____ Date _____</p>	<p><b>Waiver Determination</b></p> <p><input type="checkbox"/> Full Waiver Approved</p> <p><input type="checkbox"/> Waiver Denied</p> <p><input type="checkbox"/> Partial Waiver Approved</p> <p>Revised Participation Goal _____ %</p>
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