

## Attachment 11

### Training Center of Expertise: Promoting Health Equity and Racial Justice to Improve Community Health Outcomes RFA RFA #20662/Internal Program #23-0018

#### GUIDE TO NEW YORK STATE DOH M/WBE RFA 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. 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: 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 (UP) 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.

<b>If requesting a...</b>	<b>Then complete the “Description of Plan” ...</b>
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.

**New York State Department of Health**  
**Minority and Women-Owned Business Enterprise (“MWBE”)**  
**Utilization Plan**

**\*Required Field**

<b>Prime Contractor Name *:</b>	
<b>Contract/Opportunity Name *:</b>	
<b>RFA/RFP or Contract Number *:</b>	
<b>SFS Vendor ID *:</b>	
<b>Contact Name and Email Address *:</b>	
<b>Submitted by (Signature)*:</b>	

**Narrative Description of Plan to Meet MWBE Goals \***

Use pages 2-3 to provide specific certified Minority-Owned Business Enterprise (“MBE”) and Women-Owned Business Enterprise (“WBE”) subcontractor information. Add additional pages as needed. Potential MWBEs **MUST** be identified to demonstrate the intention for proposed utilization-“NA” or “TBD” is not acceptable. The utilization plan can be updated as needed if MWBEs identified change.

If submitted in addition to a waiver request, description **MUST** include justification for waiver request and address good faith efforts made to locate and contract with MWBE vendors.

**Projected MWBE Utilization Summary**

	%	Amount
<b>1. Total Value of Eligible Expenses *:</b>	100%	
<b>2. MBE Goal Applied *:</b>		
<b>3. WBE Goal Applied *:</b>		
<b>4. MWBE Combined Goal Totals *:</b>		

## MBE Subcontractor Information

In order to achieve the MBE Goals, Prime Contractor expects to subcontract/purchase with New York State certified MINORITY-OWNED entities as follows. Potential MBEs MUST be identified to demonstrate the intention for proposed utilization-"NA" or "TBD" is not acceptable. The utilization plan can be updated as needed if MBEs identified change.

MBE Firm (Exactly as Registered)	Description of Work (Products/Services)	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 (   )   -		\$ _____

**WBE SUBCONTRACTOR INFORMATION**

In order to achieve the MBE Goals, grantee expects to subcontract/purchase with New York State certified WOMEN-OWNED entities as follows. Potential WBEs MUST be identified to demonstrate the intention for proposed utilization-"NA" or "TBD" is not acceptable. The utilization plan can be updated as needed if WBEs identified change.

<b>WBE Firm (Exactly as Registered)</b>	<b>Description of Work (Products/Services)</b>	<b>Projected WBE Expenditure Amount</b>
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 (   )   -		\$ _____

## New York State Department of Health MWBE Waiver Request

<b>Applicant/Grantee:</b> *	<b>Federal Identification No. or SFS Vendor ID:</b> *	
<b>Address:</b> *	<b>Solicitation/Contract No.:</b> *	
<b>City, State, Zip Code:</b> *	<b>Assigned M/WBE Goals over life of Contract:</b> MBE      % WBE      % * (From Lines 2&3 of Form 1)	
<p><b>Contractor is requesting the following waiver of the procurement goal: *(check one)</b></p> <p> <input type="checkbox"/> <b>Total MBE Waiver</b>                      <input type="checkbox"/> <b>Partial MBE Waiver</b>                      <input type="checkbox"/> <b>Total M/WBE Waiver</b>  <input type="checkbox"/> <b>Total WBE Waiver</b>                      <input type="checkbox"/> <b>Partial WBE Waiver</b> </p> <p>If a total or partial waiver is requested, appropriate supporting documentation as outlined in the Detailed MWBE Form Instructions MUST be submitted. Supporting documentation includes but is not limited to a narrative explanation, MWBE directory screenshots and documented efforts of outreach to MWBEs.</p> <p><b>Note: submission of a waiver request does not constitute approval of the request. Until notice of approval, efforts should still be made to engage with MWBEs and such efforts documented.</b></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>		
<b>PREPARED BY (Signature)</b> *		<b>Date:</b> *
<b>Name and Title of Preparer (Printed or Typed):</b> *	<b>Telephone Number:</b> *	<b>Email Address:</b> *
Submit with the bid or proposal or if submitting after award submit to: <a href="mailto:mwbe@health.ny.gov">mwbe@health.ny.gov</a>		
<b>*For DOH Use Only*</b>	<b>Approved By:</b>	<b>Date:</b>
<p><b>Waiver Granted:</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p> <input type="checkbox"/> <b>Total MBE Waiver</b>                      <input type="checkbox"/> <b>Partial MBE Waiver</b>                      <input type="checkbox"/> <b>Total M/WBE Waiver</b>  <input type="checkbox"/> <b>Total WBE Waiver</b>                      <input type="checkbox"/> <b>Partial WBE Waiver</b> </p>		

**New York State Department of Health**  
**New York State Contract System Payment and Workforce**  
**Utilization Submission Confirmation**

<b>Grantee/Contractor Name:</b>	
<b>Vendor ID:</b>	<b>Telephone No.</b> <b>Email:</b>
<b>RFA/RFP/Contract Title:</b>	<b>RFA/RFP Contract No.</b>
<p>The Contractor is required to log into the New York Contract System and submit their Quarterly M/WBE Contractor Compliance payment data and/or Workforce Utilization report required as part of Executive Order 162). This must be submitted to the Department of Health, no later than the 10th day following the end of the quarter being reported.</p> <p>More information regarding Executive Order 162 can be found here: <a href="#">Executive Order 162</a></p> <p>Below is a breakdown of the reporting dates for your reference:</p> <ul style="list-style-type: none"> <li>• Q1 – April - June is due by <b>July 10th</b></li> <li>• Q2 – July -September is due by <b>October 10th</b></li> <li>• Q3 – October -December is due by <b>January 10th</b></li> <li>• Q4 – January -March is due by <b>April 10th</b></li> </ul>	
<p>_____</p> <p><b>Signature of Acknowledgement</b></p>	<p>_____</p> <p><b>Date:</b></p>

New York State Department of Health  
M/WBE STAFFING PLAN

General instructions: All Offerors/ Vendors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (MWBE 101) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror/ Vendor shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror/ Vendor shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation/ Contract number that this report applies to along with the name and address of the Offeror/Vendor.
2. Check off the appropriate box to indicate if the Offeror/Vendor completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offeror's/ Vendor's total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under applicable Job Category.
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the OMWBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, 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. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- WHITE - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK - a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- HISPANIC - a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. The Asian category is further broken out into: Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Bangladeshi, Pakistani, Hmong, Cambodian, Thai, Other Asian group.
- PACIFIC ISLANDER - a person having origins in any of the original peoples of the Pacific Islands. The Pacific Islander category is further broken out into: Native Hawaiian, Guamanian and Chamorro, Samoan, Other Pacific Island group.
- NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE) - a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- OTHER CATEGORIESDISABLED INDIVIDUAL - any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- VETERAN - a person who served in the military.
- GENDER - Male, Female, or X

### STAFFING PLAN

<b>Solicitation/ Contract No.:</b>	<b>Report includes Contractor's/Subcontractor's:</b> <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force
<b>Offeror/ Vendor Name:</b>	<input type="checkbox"/> Offeror/ Vendor
<b>Offeror/ Vendor Address:</b>	<input type="checkbox"/> Subcontractor <b>Subcontractor's name</b> _____

EEO-Job Category	Officials/ Administrators			Professionals			Technicians			Sales Workers			Office/Clerical			Craft Workers			Laborers			Service Workers			Temporary/ Apprentices			Totals	
	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)					
Work force by Race/ Ethnic Identification	White																												
	Black																												
	Hispanic																												
	Asian	Chinese																											
		Japanese																											
		Filipino																											
		Korean																											
		Vietnamese																											
		Asian Indian																											
		Bangladeshi																											
		Pakistani																											
		Hmong																											
		Cambodian																											
		Thai																											
		Other Asian Group																											
	Pacific Islander	Native Hawaiian																											
		Guamanian and Chamorro																											
		Samoaan																											
		Other Pacific Islander Group																											
	Native American																												
Disabled																													
Military Service																													
Work force by Gender	Male																												
	Female																												
	X																												

<b>PREPARED BY (Signature):</b>	<b>TELEPHONE NO.: EMAIL ADDRESS:</b>	<b>DATE:</b>
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>	Submit completed with bid or proposal MWBE 101 (Rev 03/11)	

**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.