

**MINORITY AND WOMEN’S BUSINESS - EQUAL EMPLOYMENT
OPPORTUNITY PROGRAM POLICY STATEMENT**

Policy Statement

The *SCHOOL NAME* commits to carrying out the intent of the New York State
 (Name of Campus, Consultant, Contractor)
 Executive Law, Article 15-A which assures the meaningful participation of minority and
 women’s business enterprises in contracting and the meaningful participation of minorities and
 women in the workforce on activities financed by public funds.

Minority Business Officer

 * is designated as the Minority Business Enterprise Officer
 (Name of Designated Officer)
 responsible for administering the Minority and Women’s Business-Equal Employment
 Opportunity (M/WBE-EEO) program.

Phone *

Email *

M/WBE Contract Goals

 12 % Minority Business Enterprise Participation

 8 % Women’s Business Enterprise Participation

EEO Contract Goals

10% Minority Labor Force Participation

10% Female Labor Force Participation

 *

 (Authorized Representative)

Title: *

Date: *



UNIVERSITY-WIDE MWBE PROGRAM UTILIZATION PLAN

SUNY Project No. CONTRACT NO.
 Contractor: SCHOOL NAME
 Address: *
 Phone Number: *

Bid Date: * Agreement/Contract Value: \$ ###,###
 Primary Contact: *
 City: * State: * Zip Code: *
 Fax Number: E-Mail: *

GOALS: MBE 12 % WBE 8 % Campus: "SSF GRANT AWARD"

SUBCONTRACTOR	FEDERAL ID #	DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER	DESCRIPTION OF WORK OR SUPPLIES	SUBCONTRACTOR/SUPPLIER SCHEDULE	
				START DATE	COMPLETION DATE
Company Name: <u> * </u> Street Address: <u> * </u> Contact Name: <u> * </u> E-Mail Address: <u> * </u> Check One: * MBE <input type="checkbox"/> WBE <input type="checkbox"/>	*	*	*	*	*
Company Name: <u> </u> Street Address: <u> </u> Contact Name: <u> </u> E-Mail Address: <u> </u> Check One: MBE <input type="checkbox"/> WBE <input type="checkbox"/>					
Company Name: <u> </u> Street Address: <u> </u> Contact Name: <u> </u> E-Mail Address: <u> </u> Check One: MBE <input type="checkbox"/> WBE <input type="checkbox"/>					
Company Name: <u> </u> Street Address: <u> </u> Contact Name: <u> </u> E-Mail Address: <u> </u> Check One: MBE <input type="checkbox"/> WBE <input type="checkbox"/>					

In accordance with the SUNY Contract Documents and Executive Law Article 15-A, my firm seriously expects to use the NYS certified MBE/WBE certified firms listed above. The Contractor shall immediately notify and request approval prior to any changes to this plan from the University-wide MWBE Program Office.

NAME: * TITLE: * COMPANY OFFICER'S SIGNATURE * DATE: *

APPROVED: DEFICIENT: MWBE PROGRAM COORDINATOR: DATE:

EEO STAFFING PLAN

Instructions on page 2

Solicitation No.: <i>AGREEMENT #</i>	Reporting Entity: <i>SCHOOL NAME</i>	Report includes Contractor's/Subcontractor's: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force <input type="checkbox"/> Offerer <input type="checkbox"/> Subcontractor Subcontractor's name _____
Offeror's Name: <i>CONTRACTOR'S NAME</i>		<i>*complete section</i>
Offeror's Address: <i>CONTRACTOR'S ADDRESS</i>		

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

EEO-Job Category	Total Work force	Work force by Gender		Work force 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																		
Totals																		

PREPARED BY (Signature): *	TELEPHONE NO.: * EMAIL ADDRESS: *	DATE: *
NAME AND TITLE OF PREPARER (Print or Type): *	Submit completed with bid or proposal	

REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.		
Offerer/Contractor Name: * <i>SCHOOL NAME</i>	Federal Identification No.: *	
Address: *	Solicitation/Contract No.: * <i>CONTRACT NUMBER</i>	
City, State, Zip Code: *	M/WBE Goals: MBE <i>12 %</i> WBE <i>8 %</i>	
By submitting this form and the required information, the offerer/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.		
Contractor is requesting a: * <i>as applicable</i>		
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial		
2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial		
PREPARED BY (Signature): *	Date: *	
SUBMISSION OF THIS FORM CONSTITUTES THE OFFERER/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, 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.		
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: <i>SSF Grant Administrator, SUNY Charter Schools Institute, with Final Expenditure Report</i>	***** FOR CAMPUS USE ONLY *****	
	REVIEWED BY:	DATE:
	Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/>	
	<input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:	