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

Policy Statement

The _____________________ commits to carrying out the intent of the New York State 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 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.** ______________________
**Contractor:** ____________________________
**Address:** ______________________________
**Phone Number:** _________________________
**GOALS: MBE 12 %**

**Bid Date:** *
**Primary Contact:** *
**City:** *
**Fax Number:** __________________________
**GOALS: WBE 8 %**

**Agreement/Contract Value:** $###,###
**State:** *
**Zip Code:** *
**Campus: "SSF GRANT AWARD"**

<table>
<thead>
<tr>
<th>SUBCONTRACTOR</th>
<th>FEDERAL ID #</th>
<th>DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER</th>
<th>DESCRIPTION OF WORK OR SUPPLIES</th>
<th>SUBCONTRACTOR/SUPPLIER SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td></td>
<td>*</td>
<td>*</td>
<td>START DATE</td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
<td></td>
<td></td>
<td>COMPLETION DATE</td>
</tr>
<tr>
<td>Contact Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check One: * MBE ☐ WBE ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Company Name:** ____________________________
**Street Address:** ____________________________
**Contact Name:** ____________________________
**E-Mail Address:** ____________________________
**Check One: MBE ☐ WBE ☐**

| Company Name: |              | | |
| Street Address: |              | |
| Contact Name: |              | |
| E-Mail Address: |              | |
| Check One: MBE ☐ WBE ☐ | | |

**Company Name:** ____________________________
**Street Address:** ____________________________
**Contact Name:** ____________________________
**E-Mail Address:** ____________________________
**Check One: MBE ☐ WBE ☐**

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

<table>
<thead>
<tr>
<th>Solicitation No.:</th>
<th>Reporting Entity:</th>
<th>Report includes Contractor’s/Subcontractor’s:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGREEMENT #</td>
<td>SCHOOL NAME</td>
<td>□ Work force to be utilized on this contract</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Total work force</td>
</tr>
</tbody>
</table>

**Offeror’s Name:** CONTRACTOR’S NAME

**Offeror’s Address:** CONTRACTOR’S ADDRESS

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

<table>
<thead>
<tr>
<th>EEO-Job Category</th>
<th>Total Work force</th>
<th>Work force by Gender</th>
<th>Work force by Race/Ethnic Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Male (M)</td>
<td>Total Female (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White (M) (F)</td>
<td>Black (M) (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hispanic (M) (F)</td>
<td>Asian (M) (F)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native American (M) (F)</td>
<td>Disabled (M) (F)</td>
</tr>
</tbody>
</table>

- 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

MWBE Form 108
REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.

<table>
<thead>
<tr>
<th>Offerer/Contractor Name: <em>SCHOOL NAME</em></th>
<th>Federal Identification No.: *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: *</td>
<td>Solicitation/Contract No.: <em>CONTRACT NUMBER</em></td>
</tr>
<tr>
<td>City, State, Zip Code: *</td>
<td>M/WBE Goals: MBE 12 % WBE 8 %</td>
</tr>
</tbody>
</table>

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: *as applicable*

1. ☐ MBE Waiver – A waiver of the MBE Goal for this procurement is requested. ☐ Total ☐ Partial

2. ☐ WBE Waiver – A waiver of the WBE Goal for this procurement is requested. ☐ Total ☐ Partial

PREPARED BY (Signature): *

PREPARER 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.

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:

SSF Grant Administrator, SUNY Charter Schools Institute, with Final Expenditure Report

REVIEWED BY: DATE:

Waiver Granted: ☐ YES MBE: ☐ WBE: ☐

☐ Total Waiver ☐ Partial Waiver ☐ *Conditional

*Notice of Deficiency Issued __________________

*Comments: