



Homes and Community Renewal

Housing Trust Fund Corporation

KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

Contractor Bid Solicitation Plan

Under Articles 15-A and 17-B of the New York Executive Law, all recipients and their contractors are required to make affirmative efforts to ensure that New York State Certified Minority- and Women-Owned Business Enterprises (“M/WBEs”) and Service-Disabled Veteran-Owned Businesses (“SDVOBs”) are afforded opportunities for meaningful participation in Program activities. Prepare this Bid Solicitation Plan to begin this process.

SHARS ID:	Primary Contact Name:
LPA Name:	Address:
Program:	Email:
Contract Amount:	Phone:
County	Municipality

I. Goals/Dollar Amount

\$	Total Contract Amount
- \$	Subtract Admin
\$	Amount used to calculate M/WBE goals

MBE	__ %	= \$	_____
WBE	__ %	= \$	_____

II. Marketing and Outreach Plan

Outline the planned marketing and outreach efforts for bid solicitations for renovation or professional service contracts to be reimbursed with program funds. Specifically describe plans including pre-bid meetings, methods of bid distribution including direct outreach techniques and names of publications. Provide the names of community or professional organizations available to provide assistance.

--

III. List of Firms/Contractors

Visit Empire State Development’s Division of Minority & Women’s Business Development website for a Directory of Certified Firms at <https://ny.newnycontracts.com/> . Provide a list of firms with relevant capabilities that will be included in the bid solicitation process once a procurement process for professional services or renovation activities begins.

Name and Address of Firm	NYS Certified (Check one)			Trade / Capabilities
	MBE	WBE	SDVOB	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV. Certification

The Recipient organization proposes to follow this Contractor Bid Solicitation Plan to ensure that New York State Certified Minority- and Women-Owned Business Enterprises (“M/WBEs”) and Service-Disabled Veteran-Owned Businesses (“SDVOBs”) are afforded opportunities for meaningful participation in Program activities.

Printed Name:	_____
Title:	_____
Date:	_____
Signature:	_____

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL
EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, _____ (full name), the _____ (title) agree to adopt the following policies with respect to the project being developed or services rendered for _____ (awardee organization name - LPA)

MWBE

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:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from Agency(ies) 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 M/WBEs.
- (4) 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.
- (5) 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.
- (6) 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.

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 for a statement that it 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.

Agreed to this _____ day of _____, 20__

By _____

Print: _____ Title: _____

_____ is designated as the Minority Business Enterprise Liaison

He/she is responsible for administering the Minority and Women-Owned Business Enterprises-Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

___% Minority and Women's Business Enterprise Participation

___% Minority Business Enterprise Participation

___% Women's Business Enterprise Participation

Bid Solicitation Log

Under Article 15-A and 17-B of the New York Executive Law, all recipients and their contractors are required to make affirmative efforts to ensure that New York State Certified Minority- and Women-Owned Business Enterprises (“M/WBEs”) and Service-Disabled Veteran-Owned Businesses (“SDVOBs”) are afforded opportunities for meaningful participation in Program activities. Prepare a bid solicitation log to identify all contractors or firms invited to bid on a contract expected to be reimbursed with program funds. Identify the NYS Certified M/WBE or SDVOB firms in the “Certification Type” column.

SHARS ID:	
LPA Name:	
Project Address(es):	
Estimated Project Award Amount:	

Firm Name	Certification Type MBE/WBE/SDVOB	Contact Name	Trade/Capability	Date Work Scope provided to firm	How was scope provided to firm?	Follow-up Phone Call #1	Follow-up Phone Call #2	Will Bid? Y/N	Date Bid Received	Amount of Bid	Bid Selected Y/N	Additional Information
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	
											<input type="checkbox"/>	



Homes and Community Renewal

KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

Office of Economic Opportunity and Partnership Development
Website: hcr.ny.gov

Good Faith Efforts Guide

Program compliance with the New York State Homes & Community Renewal Minority and Women-Owned Business Enterprises (M/WBE) and Service-Disabled Veteran-Owned-Business (SDVOB) policy will be evaluated based upon the use of “good faith efforts” to achieve maximum participation results. Program efforts will be rated by applying the references in the guide and taking into account the following:

- Size of the contract
- Location of the project
- Capability and availability of M/WBE and SDVOB

Specific Recommendations:

- Utilize New York State Directory of Certified M/WBE firms and Office of General Services for SDVOB firms as resources
- Incorporate as part of all subcontracts, provisions of the General Conditions in the contract which relate to, Equal Employment Opportunity (EEO), Minority and Women-Owned Business Enterprises and Service-Disabled Veteran-Owned-Business
- Advertisements placed in periodicals and internet targeting M/WBEs and SDVOBs for recruitment purposes
- Establish contact and working relationships with M/WBE and SDVOB firms
- Ensure solicited and completed follow-ups to M/WBEs and SDVOBs in a timely manner
- Provide M/WBEs and SDVOBs adequate time to review plans/specs and respond to solicitations
- Notify and request assistance from the Office of Economic Opportunity and Partnership Development of difficulties preventing M/WBE and SDVOB participation
- Submit a complete, acceptable Utilization Plan in accordance with the applicable goal requirements for participation, of certified New York State Minority and Women-Owned Business Enterprises and Service-Disabled Veteran-Owned-Business established in the contract
- Document and maintain additional records of “good faith effort” to address project’s goals

CERTIFICATION OF GOOD FAITH EFFORTS

Applicant Name		Primary Contact Name	
Applicant Address		Telephone Number	
City, State and Zip Code		Project Name and SHARS/ID#	

INSTRUCTIONS: Please archive dates and provide a description of the actions taken, for each good faith effort listed on the attached pages. Add documentation, accounts and attach pages as needed to supplement your response. “MWBEs” means Minority and Women Business Enterprises certified by NYS Empire State Development. NYS-certified MWBEs may be found via the searchable database located at <https://ny.newnycontracts.com/> or by contacting Empire State Development Corporation at (518) 292-5250. “SDVOB” Means Service-Disabled Veteran-Owned Businesses certified by NYS Office of General Services. NYS-certified SDVOBs may be found via the list of Certified NYS SDVOBs located on OGS’ website at http://www.ogs.state.ny.us/Core/Docs/CertifiedNYS_SDVOB.pdf or by contacting OGS at (844) 579-7570.

<p><i>a) Describe the specific steps undertaken in order to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, NYS-certified MWBEs and/or NYS-certified SDVOBs, with specific dates and activities.</i></p>
<p>Before and during project construction the following efforts were made:</p>
<p><i>b) Provide names of publications (including general circulation, trade association or trade-oriented, Minority and Women or Service-Disabled Veterans oriented), dates of advertising, and attach copies of any advertisements.</i></p>
<p>Before and during project construction, the following efforts were made:</p>

<p><i>c) Describe and document the actual solicitations made to NYS-certified MWBEs and/or NYS-certified SDVOBs including dates of solicitation, the names of NYS-certified MWBEs and/or NYS-certified SDVOBs you solicited or, and copies or logs of written or verbal solicitations.</i></p>
<p>Before and during project construction, the following efforts were made:</p>
<p><i>d) For MWBEs and/or SDVOBs you solicited who expressed interest, provide their names and describe specific plans, specifications, requirements or contract documents provided to them.</i></p>
<p>Before and during project construction, the following efforts were made:</p>
<p><i>e) If you received responses to your solicitations but did not select the responding MWBE(s) and/or SDVOB(s) to participate in the project, describe the specific reason(s) the responding MWBE(s) and/or SDVOBs were not selected. Include copies of responses from NYS-certified MWBE bidders and/or SDVOB bidders.</i></p>
<p>Before and during project construction, the following efforts were made:</p>
<p><i>f) Describe and, to the extent permissible by law or contract, provide documentation of such good faith negotiations with NYS-certified MWBEs and/or NYS-certified SDVOBs, including discussions, about: (i) the nature of the work; (ii) scheduling; (iii) requirements for special equipment; and (iv) opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the NYS-certified MWBEs and/or NYS-certified SDVOBs, including sharing with them any cost estimates from the request for proposal or invitation to bid</i></p>
<p>Before and during project construction, the following efforts were made:</p>
<p><i>g) List the names, dates, and locations of pre-bid, pre-award, or other meetings scheduled by NYS HCR, the NYS Department of Economic Development or its designee, or the NYS Office of General Services or its designee to inform MWBEs and/or SDVOBs of contracting, subcontracting or supplier opportunities available that you attended in the past year.</i></p>

Before and during project construction, the following efforts were made:

h) Provide the names of all community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee and/or the NYS Office of General Services or its designee that provide assistance in the recruitment and placement of MWBEs and/or NYS-certified SDVOBs and the dates upon which you used their

Before and during project construction, we made the following efforts:

i) Indicate dates when this office was notified of the problems preventing MWBE and/or SDVOB participation to fulfill the goal requirements.

Before and during project construction, we made the following efforts:

j) For the Affordable Housing Corporation program (AHC), specifically Home Improvement, please describe your bidding practices and/processes when soliciting and hiring MWBE/SDVOB.

Before and during project construction, the following efforts were made:



AFFIRMATION OF INCOME PAYMENTS TO MBE/WBE and/or SDVOB

Each MWBE and/or SDVOB Firm must sign and submit this form to the Contractor. The Contractor/Vendor must submit this form to the Office of Economic Opportunity and Partnership Development by the 5th of each Quarter. Further, utilization of certified minority- and women-owned business enterprises and/or service-disabled veteran owned businesses for non-commercially useful functions may not be counted towards utilization of certified minority and women-owned business enterprises and/or service-disabled veteran owned businesses.

Contractor Information:			
1. Name and Address of Contractor:		2. Project Name or ID/SHARS#:	
		3. Reporting Period (indicate quarter and year)	
		Quarter	Year
Federal ID#:			
Subcontractor Information:			
1. Name and Address of Contractor:		2. Date Contract Started:	
		3. NYS Certified MWBE (check one, if applicable):	
		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE
Federal ID#:		4. Is business a NYS Certified SDVOB?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Type of Service Provider (Check one box only)			
<input type="checkbox"/> Construction <input type="checkbox"/> Construction Consultant <input type="checkbox"/> Services <input type="checkbox"/> Commodities			
6. Date(s) Work Performed for which MWBE and/or SDVOB was Paid This Quarter:			
7. Summary of Payments			
a. Total contract amount		\$	
b. Payment received for this reporting period		\$	
c. Total payments received as of this reporting period		\$	

Subcontractor Signature

Subcontractor Printed Name

Date

Contractor Signature

Contractor Printed Name

Date