

**Outreach Efforts Compliance
Statement**

In conjunction with the bid or offer submitted in response to Solicitation No. _____,
I state the following:

1. Bidder/Offeror identified opportunities to subcontract in these specific work categories:

2. Attached to this form are copies of written solicitations (with bidding instructions) used to solicit certified MBEs for these subcontract opportunities.

3. Bidder/Offeror made the following attempts to contact personally the solicited MBEs:

4. Bidder/Offeror assisted MBEs to fulfill or to seek waiver of bonding requirements.
(DESCRIBE EFFORTS)

- This project does not involve bonding requirements.

5. Bidder/Offeror did/did not attend the pre-bid conference
 No pre-bid conference was held.

_____ By: _____
Bidder/Offeror Name

_____ Name, Title
Address

Date

**MARYLAND DEPARTMENT OF HUMAN RESOURCES
MINORITY BUSINESS ENTERPRISE PARTICIPATION**

Prime Contractor Unpaid MBE Invoice Report
To be Completed Monthly by Prime Contractor

Report Month/Year: _____ (Report due by 15th of following month) Contract No.: _____

Prime Contractor Name		
Contact Person		
Address		
City	State	Zip
Phone	Fax	

Subcontractor Name		
Contact Person		
Address		
City	State	Zip
Phone	Fax	
Subcontractor Services Provided:		
List any unpaid invoices over 30 days old received from this vendor and reason for non-payment		
1.		
2.		
3.		
Total Amount Unpaid \$		

PLEASE COMPLETE A SEPARATE REPORT FOR EACH SUBCONTRACTOR PARTICIPATING IN THIS CONTRACT

Return one (1) copy of this form to the DHR
Contract Monitor and one (1) copy to the
following Address:

MBE Liaison Department Human Resources
311 West Saratoga Street, Room 1027
Baltimore, MD 21201

OFFICIAL USE ONLY

Contract No.
Contracting Unit
Contract Amount
MBE Subcontract Amount
Contract Begin Date
Contract End Date

Signature _____ Date _____

Title _____

MARYLAND DEPARTMENT OF HUMAN RESOURCES MINORITY BUSINESS ENTERPRISE PARTICIPATION

Subcontractor Payment Report To be Completed Monthly by MBE Subcontractor

Report Month/Year: _____ (Report due by 15th of following month) Contract No.: _____

MBE Subcontractor Name		
Contact Person	MDOT Cert. #	Fed ID #
Address		
City	State	Zip
Phone	Fax	
Subcontractor Services Provided		
List all payments received from Prime Contractor during the reporting month	List dates and amounts of any outstanding invoices	
1.	1.	
2.	2.	
3.	3.	
Total Payments \$	Total Unpaid \$	

Prime Contractor Name		
Contact Person		
Address		
City	State	Zip
Phone	Fax	

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MBE Liaison Department Human Resources
311 West Saratoga Street, Room 1027
Baltimore, MD 21201

<u>OFFICIAL USE ONLY</u>
Contract No.
Contracting Unit
Contract Amount
MBE Subcontract Amount
Contract Begin Date
Contract End Date

Signature _____ Date _____

Title _____

DEPARTMENT OF HUMAN RESOURCES
WAIVER REQUEST FORM

PLEASE FORWARD THIS INFORMATION WITH NECESSARY ATTACHMENTS TO:

MBE ADMINISTRATOR
311 WEST SARATOGA STREET, BALTIMORE MD 21201

RFP# TITLE: _____

ADMINISTRATION/AGENCY _____

PROCUREMENT/PROJECT OFFICER: _____

TELEPHONE NUMBER: _____ E-MAIL: _____

MBE SUBCONTRACT GOAL: _____

WAIVER DOLLAR AMOUNT REQUESTED: _____

WAIVER PERCENTAGE REQUESTED: _____

REASON FOR WAIVER REQUEST (USE ADDITIONAL PAGES IF NECESSARY):

ATTACH THE FOLLOWING DOCUMENTATION: CERTIFIED MBE UTILIZATION AND FAIR SOLICITATION AFFIDAVIT, PRIME CONTRACTOR OUTREACH STATEMENT, MBE PARTICIPATION SCHEDULE, MINORITY CONTRACTOR UNAVAILABILITY CERTIFICATE, FINANCIAL STATEMENTS OF PRIME CONTRACTOR, ADDITIONAL SUPPORTING DOCUMENTATION NOT LISTED ABOVE.

REVIEW TEAM RECOMMENDATION AND COMMENTS

- APPROVED AS SUBMITTED
 APPROVED WITH RECOMMENDED CHANGED (SEE COMMENTS)
 DENIED (SEE COMMENTS)
 OTHER (SEE COMMENTS)

COMMENTS:

OEPE MBE LIAISON: _____ DATE: _____

OFFICE OF ATTORNEY GENERAL: _____ DATE: _____

PROCUREMENT DIRECTOR: _____ DATE: _____

FINAL AUTHORITY

OFFICE OF THE SECRETARY: _____ DATE: _____

**MARYLAND DEPARTMENT OF HUMAN RESOURCES
MINORITY CONTRACTOR UNAVAILABILITY CERTIFICATE**

SECTION I (TO BE COMPLETED BY PRIME CONTRACTOR)

I HEREBY CERTIFY THAT _____
(Name of Contractor)
CONTACTED _____ MDOT CERT # _____
(Name of MBE Subcontractor)
_____ ON _____
(Complete Address of MBE Subcontractor) (Date)

TYPE OF WORK/SERVICE REQUESTED:

To the best of my knowledge and belief, said Minority Business Enterprise is either unavailable to perform the work/services requested in relation to this contract or is unable to prepare a bid/quote for the following reason(s):

SIGNATURE OF PERSON COMPLETING THIS FORM: _____

PRINTED NAME _____ DATE _____

SECTION II (TO BE COMPLETED BY CERTIFIED MINORITY BUSINESS ENTERPRISE)

IT IS HEREBY CERTIFIED THAT _____ MDOT CERT # _____
(Name of Certified MBE Subcontractor)

(Complete Address of Certified MBE Subcontractor)

WAS OFFERED THE OPPORTUNITY TO BID/PREPARE A QUOTE ON THE ABOVE REFERENCED CONTRACT. THE ABOVE STATEMENT(S) ARE TRUE AND ACCURATE ACCOUNTS OF WHY A BID OR QUOTE WAS NOT SUBMITTED ON THIS CONTRACT.

SIGNATURE OF PERSON REPRESENTING THE MBE: _____

PRINTED NAME _____ DATE _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

RETURN THIS FORM TO: **DONNA FOSTER, MBE LIAISON**
DEPARTMENT OF HUMAN RESOURCES, OFFICE OF EMPLOYMENT AND PROGRAM EQUITY
1st Floor, 311 W. SARATOGA STREET, BALTIMORE, MD 21201-3521