

MINORITY BUSINESS ENTERPRISE REPORT

1. Minority Business: Yes No

2. Ownership:

a) Company is at least 51% owned and controlled by one or more of the following categories:

- | | |
|--|--|
| <input type="checkbox"/> African Americans | <input type="checkbox"/> Asian Americans |
| <input type="checkbox"/> American Indians | <input type="checkbox"/> Women |
| <input type="checkbox"/> Hispanics | <input type="checkbox"/> Physically or mentally disabled |

b) or is a non-profit entity organized to serve the interests of the physically or mentally disabled.

3. Company Name:

4. Mailing Address:

5. City: State: Zip:

6. Company Contact Person:

Title: Phone No.:

7. Has your firm applied for Minority Business Certification with the Maryland Department of Transportation? Yes No

If yes, what is the status? Pending Denied Certified

Certification No.:

Signature Date

Printed Name

Title

CERTIFIED MBE UTILIZATION AND FAIR SOLICITATION
AFFIDAVIT

This document must be included with the bid or offer. If the bidder or offeror fails to submit this form with the bid or offer as required, the Procurement Officer shall deem the bid non-responsive or shall determine that the offer is not reasonably susceptible of being selected for award.

In conjunction with the bid or offer submitted in response to Agency Control No. SSA/IHA/09-001-S, I affirm the following:

1. I acknowledge the overall certified Minority Business Enterprise (MBE) participation goal of _____ % and, if specified in the solicitation, sub goals of _____ percent for MBEs classified as African American-owned and _____% for MBEs classified as women-owned. I have made a good faith effort to achieve this goal.

OR

After having made a good faith effort to achieve the MBE participation goal, I conclude I am unable to achieve it. Instead, I intend to achieve MBE participation of _____% and request a waiver of the remainder of the goal. Within 10 business days of receiving notice that our firm is the apparent low bidder or the apparent awardee (competitive sealed proposal), I will submit a written waiver request that complies with COMAR 21.11.03.11. I acknowledge that the MBE subcontractors/suppliers listed in the MBE Participation Schedule will be used to accomplish the percentage of MBE participation that I intend to achieve.

2. I have identified the specific commitment of certified MBEs by completing and submitting an MBE Participation Schedule with the bid or proposal.
3. I understand that if I am notified that I am the apparent awardee, I must submit the following documentation within 10 working days of receiving notice of the potential award or from the date of conditional award (per COMAR 21.11.03.10), whichever is earlier.
 - (a) Outreach Efforts Compliance Statement (**Attachment I**)
 - (b) Subcontractor Project Participation Statement (**Attachment J**)
 - (c) MBE Waiver Request per COMAR 21.11.03.11 (if applicable)
 - (d) Any other documentation required by the Procurement Officer to ascertain bidder or offeror responsibility in connection with the certified MBE participation goal.

I acknowledge that if I fail to return each completed document within the required time, the Procurement Officer may determine that I am not responsible and therefore not eligible for contract award. If the contract has already been awarded, the award is voidable.

4. In the solicitation of subcontract quotations or offers, MBE subcontractors were provided not less than the same information and amount of time to respond as were non-MBE subcontractors.

I solemnly affirm under the penalties of perjury that the contents of this paper are true to the best of my knowledge, information, and belief.

Bidder/Offeror Name

Signature of Affiant

Address

Printed Name, Title

Date

SUBMIT THIS AFFIDAVIT WITH BID/PROPOSAL

MBE Participation Schedule
(for submission with bid or proposal)

This document must be included with the bid or offer. If the Bidder or Offeror fails to submit this form with the bid or offer as required, the Procurement Officer shall deem the bid non-responsive or shall determine that the offer is not reasonably susceptible of being selected for award.

Prime Contractor (Firm Name, Address, Phone)		Project Description <u>and</u> Jurisdiction	
Project Number:		Total Contract Amount \$	
List Information For Each Certified MBE Subcontractor On This Project			
Minority Firm Name, Address and Telephone Number		FEIN Number or SSN	
		MBE Certification Number	
Work To Be Performed:			
Dollar Amount:		Percentage of Total Contract:	
Project Commitment Date:		Project Completion Date:	
Minority Firm Name, Address and Telephone Number		FEIN Number or SSN	
		MBE Certification Number	
Work To Be Performed:			
Dollar Amount:		Percentage of Total Contract:	
Project Commitment Date:		Project Completion Date:	
Minority Firm Name, Address and Telephone Number		FEIN Number of SSN	
		MBE Certification Number	
Work To Be Performed:			
Dollar Amount:		Percentage of Total Contract:	
Project Commitment Date:		Project Completion Date:	

USE ATTACHMENT CONTINUATION PAGE AS NEEDED
SUMMARY

TOTAL MBE PARTICIPATION:	%	\$
TOTAL AFRICAN-AMERICAN MBE PARTICIPATION:	%	\$
TOTAL WOMAN-OWNED MBE PARTICIPATION:	%	\$

Document Prepared By (please print or type): Name: _____
Title: _____ Date: _____

MBE Participation Schedule (continued)

Minority Firm Name, Address and Telephone Number		FEIN Number or SSN
		MBE Certification Number
Work To Be Performed:		
Dollar Amount:	Percentage of Total Contract:	
Project Commitment Date:	Project Completion Date:	
Minority Firm Name, Address and Telephone Number		FEIN Number or SSN
		MBE Certification Number
Work To Be Performed:		
Dollar Amount:	Percentage of Total Contract:	
Project Commitment Date:	Project Completion Date:	
Minority Firm Name, Address and Telephone Number		FEIN Number or SSN
		MBE Certification Number
Work To Be Performed:		
Dollar Amount:	Percentage of Total Contract:	
Project Commitment Date:	Project Completion Date:	
Minority Firm Name, Address and Telephone Number		FEIN Number or SSN
		MBE Certification Number
Work To Be Performed:		
Dollar Amount:	Percentage of Total Contract:	
Project Commitment Date:	Project Completion Date:	
Minority Firm Name, Address and Telephone Number		FEIN Number or SSN
		MBE Certification Number
Work To Be Performed:		
Dollar Amount:	Percentage of Total Contract:	
Project Commitment Date:	Project Completion Date:	

**Outreach Efforts Compliance
Statement**

In conjunction with the bid or offer submitted in response to Agency Control No. SSA/IHA/09-001-S, 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.

Bidder/Offeror Name

By:

Address

Name, Title

Date

***Subcontractor Project Participation
Statement***

SUBMIT ONE FORM FOR EACH CERTIFIED MBE LISTED IN THE MBE PARTICIPATION SCHEDULE

Provided that _____ (*Prime Contractor Name*) is awarded the State contract in conjunction with Agency Control No. SSA/IHA/09-001-S, it and _____ (*Subcontractor Name*), MDOT Certification No. _____, intend to enter into a contract by which Subcontractor shall: (describe work)

- No bonds are required of Subcontractor
- The following amount and type of bonds are required of Subcontractor:

Prime Contractor Signature

Subcontractor Signature

By: _____
Name, Title

By: _____
Name, Title

Date

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 of 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:	

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

MBE Liaison Department of 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: SSA/IHA/09-001-S In Home Aide Services IFB

ADMINISTRATION/AGENCY: Social Services Administration

PROCUREMENT/PROJECT OFFICER: Crystal Byrd
TELEPHONE NUMBER: 410-767-7346 E-MAIL: Cbyrd1@dhr.state.md.us

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