

CONTRACTOR SOLICITATION LETTER

MBE/WBE
Main Street
Anywhere, New York 00000

Re: CONTRACT # _____
Campus _____
County _____
Project Title _____

Dear MBE/WBE:

We are: bidding on **or** are the low bidder on Contract # _____ which involves [types of contract(s)] _____ at the _____ campus of the State University of New York. We are currently soliciting bid quotations or proposals from NYS certified M/WBE firms for any tasks of the work contained in this contract. The specialty items contained in this contract include the following:

ITEM(S)	DESCRIPTION	QUANTITY	PROJECTED START DATE

Workplan and specifications are currently available at our office for your review. If you are interested in participating on this project, please complete and submit a copy of the attached MBE/WBE Contractor Participation Bid/Proposal no later than ____days (recommend thirty (30) days) from the (Due Date) _____.

If you need additional information and assistance, or need to review the workplan(s) and specifications, please contact (authorized representative) _____ of our office at _____ (telephone number).

In the event that you can not bid on this contract please complete the attached Minority/Women's Contractor Unavailability Certification Form.

Thank you for your interest as we look forward to a successful project.

Sincerely,

MBE/WBE CONTRACTOR PARTICIPATION QUOTE

Campus/Prime Contractor _____

Re: Contract # _____

Address _____

Recipient _____

TO: _____
(Name of Campus/Prime Contractor)

_____ proposes to perform the work as follows:
(Name of M/WBE Firm)

(Specify in detail the particular work items to be performed and associated dollar amounts):

TYPE OF WORK	UNIT PRICE	DOLLAR AMOUNT

NAME OF MBE/WBE COMPANY

SIGNATURE OF MBE/WBE REPRESENTATIVE

DATE

MINORITY/WOMEN CONTACTOR UNAVAILABILITY CERTIFICATION

Section A: Completed by Campus Prime Consultant/Contractor

CONTRACT/SITE # _____

I _____
(Principal or Prime Consultant/Contractor)

_____ of _____
(Title) (Name of Consultant's/Contractor's Firm)

_____ (Address) _____ (Telephone Number)

CERTIFY THAT ON (DATE) _____ I CONTACTED THE FOLLOWING NY STATE CERTIFIED MINORITY/WOMEN BUSINESS ENTERPRISES BY CERTIFIED MAIL TO OBTAIN QUOTE/BID FOR WORK TO BE PERFORMED ON THE ABOVE MENTIONED CONTRACT.

LIST THE NAMES OF M/WBE AND TYPE OF WORK THAT BIDS WERE REQUESTED

- _____

By declining to offer a quote/bid on the above mentioned contract the M/WBE firm **DOES NOT** jeopardize being solicited to do work on future projects.

Section B: Completed by Solicited M/WBE & return to sender

I CERTIFY THAT ON (DATE) _____ I WAS CONTACTED REGARDING WORK ON CONTRACT/SITE # _____. I HAVE DECLINED TO OFFER A QUOTE /BID FOR THE WORK TO BE PERFORMED ON THE ABOVE MENTIONED CONTRACT BECAUSE:

- _____ Unavailable to perform the work at this time.
- _____ Remote location.
- _____ Received solicitation notice too late.
- _____ Other (reason). _____

SIGNATURE OF MINORITY/WOMEN BUSINESS CONTRACTOR

TITLE

**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
(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.

M/WBE Contract Goals

_____ % Minority Business Enterprise Participation

_____ % Women's Business Enterprise Participation

EEO Contract Goals

10% Minority Labor Force Participation

10% Female Labor Force Participation

(Authorized Representative)

Title: _____

Date: _____

M/WBE-EEO WORKPLAN

SUNY CAMPUS _____

Campus/Consultant/Contractor		Project Number	
Address	City	Zip Code	
Authorized Representative		Authorized Signature	
Address	City	Zip Code	Phone No.
Minority Business Enterprise Officer			Fax No.
Project Description (list separate contracts & estimates)			
Contract No.	Description	Estimate	

PROJECTED M/WBE AND EEO CONTRACT SUMMARY

	%	Amount		%	No./Employ
1. Total Project Dollar Value			5. Total Employees		
2. MBE Project Goal			6. Total Minority Employees/Goals		
3. WBE Project Goal			7. Total Female Employees/Goal		
4. M/WBE Totals Combined			8. EEO Total Combined		

OFFICE OF MINORITY & WOMEN'S BUSINESS PROGRAMS USE ONLY

Proposed Goals		Date Approved	Date Disapproved	Initials
MBE (%)	EEO-Minorities (%)			
WBE (%)	EEO-Women (%)			

CONTRACT BREAKDOWN

SAMPLE

Number/Types of Contracts	Contract Breakdown	Amount
<u>General Construction</u> (Contract No.1)	Paving	\$150,000
	Demolition	30,000
	Painting	200,000
	Masonry	260,000
	Miscellaneous Metals	50,000
	Glazing	3,000
	Excavation and Backfill	210,000
	Fencing	12,000
	Concrete Finishing	20,000
	Reinforcing Steel	240,000
	Roofing	658,000
	Waterproofing	30,000
		\$1,273,000
<u>Electrical</u> (Contract No. 2)	Underground Duct Banks	110,000
	Equipment Supply	260,000
	Lightening Protection	<u>20,000</u>
	\$390,000	
<u>HVAC</u> (Contract No. 3)	Electrical Wiring	10,000
	Ductwork	45,000
	Controls	25,000
	Equipment Supply	<u>60,000</u>
	\$140,000	
<u>Plumbing</u> (Contract No. 4)	Underground Piping	20,000
	Equipment Supply	<u>25,000</u>
	\$45,000	
<u>Sewer Rehab</u> (Contract No. 5)	Cleaning & TV Inspection	35,000
	Joint Testing & Sealing	45,000
	Chemical Root Treatment	4,000
	Manhole Rehabilitation	8,000
	Excavation & Backfill	6,000
	Pavement Replacement	12,000
	Material Supply	<u>5,000</u>
	\$115,000	
<u>Sewer Rehab</u> (Contract No. 6)	Cleaning & TV Inspection	58,000
	Joint testing & Sealing	126,000
	Chemical Root Treatment	3,000
	Manhole Rehabilitation	15,000
	Excavation & Backfill	3,000
	Pavement Replacement	2,800
	Material Supply	<u>1,000</u>
	\$208,800	
	Total	\$2,171,000

CONTRACT BREAKDOWN

Number/Types of Contracts	Contract Breakdown	Amount

M/WBE UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror's Name:

Address:

City, State, Zip Code:

Telephone No.:

Authorized Representative:

Authorized Signature:

Federal Identification No.:

Location of Work: SUNY at _____

Project No.:

M/WBE Goals in the Contract: MBE % WBE %

EEO Goals in the Contract: MBE % WBE %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/ Supplies/Services and intended performance dates of each component of the contract.
1.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
2.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
3.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
4.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
5.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
6.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

7.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
8.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
9.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).

PREPARED BY (Signature): DATE: NAME AND TITLE OF PREPARER (Print or Type): SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.	TELEPHONE NO.:	EMAIL ADDRESS:
	FOR M/WBE USE ONLY	
	REVIEWED BY:	DATE:
	UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Contract No.: _____ Project No. (if applicable): _____ Contract Award Date: _____ Estimated Date of Completion: _____ Amount Obligated Under the Contract: _____ Description of Work: _____ NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	

When canvassing for certified NYS Minority and Women Owned Business Enterprises (MWBE's) for your projects please consult the MWBE Directory located on the NYS Department of Economic Development's website: <http://www.nylovesmwbe.ny.gov/cf/search.cfm>