



OFFICE OF HIGHER EDUCATION

The Office of Family Community Engagement
Room 960 Education Building Annex
Albany, New York 12234

Tel: (518) 473-5160
Fax: (518) 474-7468
<http://www.highered.nysed.gov/kiap/home.html>

September 7, 2021

Dear MBK Fellows Program Colleagues:

Please read the following reminders regarding budgets and amendments.

1. **2021-22 Budgets (FS-10s):** You **MUST** use the FS-10 Form in **Excel** found on at the Grants Finance Website at <http://www.oms.nysed.gov/cafe/forms/>

The 2021-2022 budgets are due no later than 9/30/2021.

Remember you must also include all your M/WBE documents. Your budget cannot be approved and sent to Grants Finance for processing until it has M/WBE approval. You may email me a copy of your signed documents for my review and M/WBE review but you must post mail a hard copy of your FS-10 with original signature (blue ink preferred) and three copies. Once your budget is approved by Grants Finance, you will receive an initial payment of 25% of your annual budget, you may then begin to request reimbursement using the FS-25 form.

2. **2021-2022 Budget Encumbrances:**
All project encumbrances must be made within the approved funding period from **September 1, 2021 – June 30, 2022**. The deadline for Amendments (FS-10As) is **May 31, 2022**.

3. **M/WBE:**
Enclosed, please find the M/WBE Compliance Report used to track M/WBE expenditures for grants with an M/WBE Participation Goal. Each grant project with M/WBE Participation Goals, is required to submit an M/WBE Compliance Report (M/WBE 104-G) to demonstrate their compliance. This form is to be used for the tracking of M/WBE expenditures throughout the year in order to ensure that projects are meeting their M/WBE participation goals. The completed form (see attached) should be submitted to the M/WBE Mailbox MWBEgrants@nysed.gov, as soon as a program has either met their M/WBE requirements for the year, **or no later than 30 days after the project end date**.
Final payments will not be made until the M/WBE Compliance Report is received by the M/WBE office. As a reminder, it is the responsibility of the grantee to maintain M/WBE compliance. In addition to tracking spending with the M/WBE Compliance Report, please be sure to check in with your NYSED M/WBE Compliance Coordinator should changes to M/WBE occur when budget amendments (FS-10As) are utilized. Should budget amendments impact M/WBE calculations, compliance, or the approved M/WBE Utilization Plan, a new M/WBE package must be submitted and then reviewed by the M/WBE Office.
Please feel free to contact the M/WBE Office, MWBEgrants@nysed.gov, with any questions.

4. **FS-25s:**
You may submit FS-25s to Grants Finance throughout the program year for reimbursement and are encouraged to do so. Be mindful that
 - a) The initial payment of 25% of the annual budget will be made upon approval of the FS-10.
 - b) Subsequent payments will be made following the project submission of a FS-25 form.
 - c) The final payment of 10% occurs upon the approval of the Final Program and Expenditure Reports (FS-10F Long Form).

It is a good practice to set up a withdrawal schedule with your budget office. These may be quarterly or monthly depending on your expenses. However, you decide, please make sure that your district is drawing down its funds and does not wait until the end of the year. Once you have developed a schedule in conjunction with your budget office it is a good idea to check with them to ensure funds have been withdrawn. FS-25s can be found at the following website: <http://www.oms.nysed.gov/cafe/forms/>

5. FS-10Fs:

Your fiscal Report for 2021-2022 is due on July 30th, 2022. FS-10Fs are submitted directly to NYSED’s Grants Finance office. A copy is emailed to the program officer. Please note that your final budget must match expenses that were approved in your FS-10 or your most recently approved FS-10A. Grants Finance does inform the program office if there are unallowable expenses in your FS-10Fs. FS-10Fs that do not match the approved expenses are subject to be rejected and will further delay final payment to your district. FS-10F forms can be found at the following website: <http://www.oms.nysed.gov/cafe/forms/>

6. Final Report

The final report is due on July 31, 2022. A separate email with more detail will be sent out.

7. FS-10As:

Budget amendments may be submitted after you have received confirmation from Grants Finance that your FS-10 for the 2021-2022 program year has been approved. Please remember that if you require an amendment, you must first email me and make a request to amend your budget. If your amendment changes your M/WBE goal calculation you must resubmit all M/WBE required documents, which will have to be reviewed and approved of by the MWBE unit. Mail a signed, (blue ink preferred), and hard copy to the program office.

8. PDF FS-10 Packet

For your convenience and additional reference, we have enclosed a fillable PDF FS-10 Packet. This packet contains all required attachments which are embedded to this document.

Fellows Program Deadlines

Project	FS-10 Due	Program Start	Program End	Interim Report Due	Last date to submit FS-10As	Final Report Due	FS-10F Due	M/WBE Compliance Report Due
Fellows	9/30/21	9/1/21	6/30/22	2/15/22	5/31/22	7/31/22	7/30/22	9/30/22

Sincerely,


Karen L. Hymes

Associate in School Improvement

Program Officer, *My Brother’s Keeper Fellows Grant*

Program Officer, *My Brother’s Keeper Exemplary School Models and Practices Grant*

**MBK Fellows Grant Project Number List
2021-2022**

District Name	Project Number # 0532-22-00xx
Albany CSD	0532-22-0015
Arlington CSD	0532-22-0027
Brentwood UFSD	0532-22-0023
Buffalo CSD	0532-22-0001
Dunkirk CSD	0532-22-0009
East Ramapo	0532-22-0002
Greenburgh CSD	0532-22-0011
Hudson CSD	0532-22-0003
Ithaca CSD	0532-22-0012
Lyons CSD	0532-22-0004
Monticello CSD	0532-22-0025
Mount Pleasant Cottage	0532-22-0026
Mt. Vernon CSD	0532-22-0005
Newburgh CSD	0532-22-0007
New Rochelle CSD	0532-22-0010
NYC Bronx	0532-22-0017
NYC Brooklyn	0532-22-0019
NYC Manhattan	0532-22-0016
NYC Queens	0532-22-0018
NYC Staten Island	0532-22-0020
Ossining UFSD	0532-22-0006
Peekskill CSD	0532-22-0024
Poughkeepsie CSD	0532-22-0014
Rochester CSD	0532-22-0013
Syracuse CSD	0532-22-0021
White Plains CSD	0532-22-0022
Yonkers CSD	0532-22-0008

2021-2022 MBKFP

Complete all components of this packet. The original and three copies of the complete packet must be:

A. Post Mailed to:

My Brother's Keeper Fellows Program Grant
Office of Family and Community Engagement Services
Attn: Karen Hymes
New York State Education Department
89 Washington Avenue, 960 EBA
Albany, NY 12234

AND

B. PDF version emailed to: karen.hymes@nysed.gov

District Name/Number _____

District Address _____

City _____, State _____ Zip _____

Agency SED Code _____

Project Number **0532-22-** _____

Allocation Amount \$ _____

Grades to be served _____

District Contact Name _____

District Contact Title _____

Contact Phone Number _____

Contact Email _____

School(s) where services are delivered _____

Projected Number of Program Participants:

Academic Year: _____ Summer: _____ *Unduplicated Count: _____

*Unduplicated count: is the number of students participating (headcount) in the summer plus all other academic year student participants who did not attend in the summer .

A complete MBK Fellows FS10 Packet includes items A-G:

- A. Cover Page (The fillable PDF form above.)
- B. FS10 - FS10 Excel Version - signed in blue ink and three copies.
- C. MBK Composite Budget
- D. Budget Narrative Justification (In Word)
- E. Fellows M/WBE Forms
- F. Project Organizational Flow Chart (Self-created)
- G. Signature page (**Either** NYC **OR** Rest of State)

FS10, Composite, and Budget Narrative

1. Grantees must submit an FS-10 budget for project period of **September 1, 2021 – June 30, 2022**. Costs must follow applicable state and federal laws and regulations and the Department's Fiscal Guidelines and MBKFP allowable costs. These guidelines, as well as the FS-10 form, are available online at <http://www.oms.nysed.gov/cafe>. The FS-10 must bear the original signature of the Chief School/Administrative Officer.
2. MBK Composite - Indicate the proposed expenditures for the 2021-2022 project. Grantees must provide complete information and indicate all proposed expenditures from MBKFP, school, district, and other matching funds (if applicable). The budget must be consistent with the scope of services, reasonable, cost effective, and the staffing pattern must be appropriate for the services to be offered.
3. Budget narrative expenditures description (including descriptions of school, district, and other source contributions) must follow the general format of the MBK Composite and FS-10 Proposed Budget using the same sequence of categories and code numbers. The budget justification must be clear and appropriate for each item of the budget.
4. Each salaried position is identified by title, anticipated salary amount, and the time contribution to the MBKFP Project. Indicate the per diem or hourly rate for each consultant identified under the Purchased Services Category. Provide the unit rate or estimate for all services or supplies.
5. The budget should be reasonable and appropriate to cover program expenses.

FS-10 a link to the FS-10 is located in the Attachments window of this PDF.

Grantees must submit an FS-10 budget for project period of **September 1, 2021 – June 30, 2022**. Costs must follow applicable state and federal laws and regulations and the Department's Fiscal Guidelines and MBKFP allowable MBKFP costs. These guidelines, as well as the FS-10 form, are available on-line at <http://www.oms.nysed.gov/cafe/forms/>. The FS-10 must bear the original signature of the Chief School/Administrative Officer.

[Please upload the completed and signed PDF FS-10 document to your email submission.](#)

MBK Composite is located in the Attachments window of this PDF.

Indicate the proposed expenditures for the 2021-2022 project. Grantees must provide complete information and indicate all proposed expenditures from MBKFP, school, district, and other matching funds. The budget must be consistent with the scope of services, reasonable, cost effective, and the staffing pattern must be appropriate for the services to be offered.

[Please upload the completed and signed Composite document to your email submission.](#)

Budget Narrative

Budget Narrative expenditures description (including descriptions of school, district, and other source contributions) must follow the general format of the MBK Composite and FS10 Proposed Budget using the same sequence of categories and code numbers. The budget justification must be clear and appropriate for each item of the budget.

Each salaried position is identified by title, anticipated salary amount, and the time contribution to the MBKFP Project. Indicate the per diem or hourly rate for each consultant identified under the Purchased Services Category. Provide the unit rate or estimate for all services or supplies.

Please type and upload the completed Budget Narrative to your email submission.

M/WBE Grants Packet original signatures required on PDF versions. The M/WBE Grants Packet is located in the Attachments window of this PDF.

Please type and upload the completed MWBE Grants Packet to your email submission.

Submission Details

Complete all components of this Packet. The original with signatures and three copies of the complete packet must be:

A. Post Mailed

My Brother's Keeper Fellows Program
Office of Family and Community Engagement Services
Attn: Karen Hymes
New York State Education Department
89 Washington Avenue, 960 EBA
Albany, NY 12234

B. PDF version with signatures emailed to the karen.hymes@nysed.gov.

The subject line of the email submission must detail district name, project number, and program year.

Minority and Women-Owned Business Enterprise (M/WBE) Participation Goals Pursuant to Article 15-A of the New York State Executive Law

The following M/WBE requirements apply when an applicant submits an application for grant funding that exceeds \$25,000 for the full grant period.

All forms referenced here can be found in the M/WBE Documents section at the end of this RFP.

All applicants are required to comply with NYSED's Minority and Women-Owned Business Enterprises (M/WBE) policy. Compliance can be achieved by one of the three methods described below. Full participation by meeting or exceeding the M/WBE participation goal for this grant is the preferred method.

M/WBE participation includes services, materials, or supplies purchased from minority and women-owned firms certified with the NYS Division of Minority and Women Business Development. Not-for-profit agencies are not eligible for this certification. For additional information and a listing of currently certified M/WBEs, see the [NYS MWBE Directory](#).

The M/WBE participation goal for this grant is 30% of each applicant's total discretionary non-personal service budget each year of the grant. Discretionary non-personal service budget is defined as total annual budget, excluding the sum of funds budgeted for:

1. direct personal services (i.e., professional and support staff salaries) and fringe benefits; and
2. rent, lease, utilities and indirect costs, if these items are allowable expenditures.

The M/WBE Goal Calculation Worksheet is provided for use in calculating the dollar amount of the M/WBE goal for this grant application.

All requested information and documentation should be provided at the time of submission. If this cannot be done, the applicant will have thirty days from the date of notice of award to submit the necessary documents and respond satisfactorily to any follow-up questions from the Department. Failure to do so may result in loss of funding.

METHODS TO COMPLY

An applicant can comply with NYSED's M/WBE policy by one of three methods:

1. Full Participation - This is the preferred method of compliance. Full participation is achieved when an applicant meets or exceeds the participation goals for this grant.

COMPLETE FORMS:

- M/WBE Goal Calculation Worksheet
- M/WBE Cover Letter
- M/WBE 100 Utilization Plan
- M/WBE 102 Notice of Intent to Participate

2. Partial Participation, Partial Request for Waiver - This is acceptable only if good faith efforts to achieve full participation are made and documented, but full participation is not possible.

COMPLETE FORMS:

- M/WBE Goal Calculation Worksheet
- M/WBE Cover Letter
- M/WBE 100 Utilization Plan
- M/WBE 101 Request for Waiver
- M/WBE 102 Notice of Intent to Participate

M/WBE 105 Contractor's Good Faith Efforts

3. No Participation, Request for Complete Waiver - This is acceptable only if good faith efforts to achieve full or partial participation are made and documented, but do not result in any participation by M/WBE firm(s).

COMPLETE FORMS:

- M/WBE Goal Calculation Worksheet
- M/WBE Cover Letter
- M/WBE 101 Request for Waiver
- M/WBE 105 Contractor's Good Faith Efforts

GOOD FAITH EFFORTS

Applicants must make a good faith effort to solicit NYS certified M/WBE firms as subcontractors and/or suppliers to achieve the goals for this grant. Solicitations may include, but are not limited to: advertisements in minority and women-centered publications; solicitation of vendors found in the [NYS Directory of Certified Minority and Women-Owned Business Enterprises](#); and the solicitation of minority and women-oriented trade and labor organizations.

Good faith efforts include actions such as setting up meetings or announcements to make M/WBEs aware of supplier and subcontracting opportunities, identifying logical areas of the grant project that could be subcontracted to M/WBE firms, and utilizing all current lists of M/WBEs who are available for and may be interested in subcontracting or supplying goods for the project.

Applicants should document their efforts to comply with the stated M/WBE goals and submit this with their applications as evidence. Examples of acceptable documentation can be found in form M/WBE 105, Contractor's Good Faith Efforts. NYSED reserves the right to reject any application for failure to document "good faith efforts."

REQUEST FOR WAIVER

When full participation cannot be achieved, applicants must submit a Request for Waiver (M/WBE 101). Requests for Waivers must be accompanied by documentation explaining the good faith efforts made and reasons they were unsuccessful in obtaining M/WBE participation.

NYSED reserves the right to approve the addition or deletion of subcontractors or suppliers to enable applicants to comply with the M/WBE goals, provided such addition or deletion does not impact the technical proposal and/or increase the total budget.

All payments to Minority and Women-Owned Business Enterprise subcontractor(s) should be reported to the NYSED M/WBE Program Unit using the M/WBE 104G Quarterly M/WBE Compliance Report. This report should be submitted on a quarterly basis and can be requested at MWBEGrants@nysed.gov.

NYSED's M/WBE Coordinator is available to assist applicants in meeting the M/WBE goals. The Coordinator can be reached at MWBEGrants@nysed.gov.

Equal Employment Opportunity Reporting (EEO) Pursuant to Article 15-A of the New York State Executive Law

Applicants must complete and submit form EEO 100: Staffing Plan.

M/WBE Goal Calculation Worksheet

Project Name: My Brother's Keeper Fellows Program (MBKFP)

Project Year: 2021-2022

Applicant Name: _____

The M/WBE participation goal is 30% of each grantee's total discretionary non-personal service budget. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries); fringe benefits; the portion of the budget in purchased services representing stipends, student tuition, and financial assistance; indirect costs; room and board, if these are allowable expenditures.

For the purposes of the grant, the salary and fringe benefit exclusion applies to the expenses of the lead applicant as well as any approved partner organization. For example, the salaries of project staff employed by any approved partner should be excluded from the total budget, along with the lead applicant's project staff salaries, when calculating the discretionary non-personal service budget. Therefore, **lines 2-4 below will include any project salaries and fringe benefits of the lead applicant AND members of the partnership.** (Please note that the indirect costs of partner organizations are not allowable expenses under this grant program.)

Please complete the following table to determine the dollar amount of the M/WBE goal for this grant application.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Portion of Purchased Services identified as Stipends or Student Tuition (Code 40)		
6.	Portion of Purchased Services (Code 40) and Travel Expenses (Code 46) identified for participation in RFP-mandated and other events		
7.	Sum of lines 2, 3, 4, 5 and 6		
8.	Line 1 minus Line 7		
9.	M/WBE goal percentage (30%)		0.30
10.	Line 8 multiplied by Line 9 =M/WBE goal amount		

M/WBE COVER LETTER Minority & Woman-Owned Business Enterprise Requirements

My Brother’s Keeper Fellows Program (MBKFP)

Project Year: 2021-2022

Applicant Name: _____

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-145, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the NYSED has assigned M/WBE participation goals to this contract.

To promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED’s participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission:

- Full Participation – No Request for Waiver (PREFERRED)
- Partial Participation – Partial Request for Waiver
- No Participation – Request for Complete Waiver

By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder’s firm contractually.
Typed or Printed Name of Authorized Representative of the Firm
Typed or Printed Title/Position of Authorized Representative of the Firm
Signature/Date

M/WBE UTILIZATION PLAN

INSTRUCTIONS: All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant's

Name _____ Telephone/Email: _____/_____

Address _____ Federal ID No.: _____

City, State, Zip _____ RFP No.: _____

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____		\$ _____
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____		\$ _____

PREPARED BY (Signature) _____ DATE _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.

NAME AND TITLE OF PREPARER: _____

TELEPHONE/E-MAIL _____

DATE _____

M/WBE 100

REVIEWED BY _____	DATE _____
UTILIZATION PLAN APPROVED YES/NO _____	DATE _____
NOTICE OF DEFICIENCY ISSUED YES/NO _____	DATE _____
NOTICE OF ACCEPTANCE ISSUED YES/NO _____	DATE _____

**M/WBE SUBCONTRACTORS AND SUPPLIERS
NOTICE OF INTENT TO PARTICIPATE**

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application.

Bidder/Applicant Name: _____ Federal ID No.: _____

Address: _____ Phone No.: _____

City _____ State _____ Zip Code _____ E-mail: _____

Signature of Authorized Representative of Bidder/Applicant's Firm

Print or Type Name and Title of Authorized Representative of Bidder/Applicant's Firm

Date: _____

PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:

Name of M/WBE: _____ Federal ID No.: _____

Address: _____ Phone No.: _____

City, State, Zip Code _____ E-mail: _____

BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:

DESIGNATION: _____ MBE Subcontractor _____ WBE Subcontractor _____ MBE Supplier _____ WBE Supplier

PART C - CERTIFICATION STATUS (CHECK ONE):

_____ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).

_____ The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.

The estimated dollar amount of the agreement \$_____

Signature of Authorized Representative of M/WBE Firm

Printed or Typed Name and Title of Authorized Representative

Date

M/WBE 102

M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT # _____

I, _____
(Bidder/Applicant)

_____ of _____
(Title) (Company)

_____ () _____
(Address) (Telephone Number)

do hereby submit the following as *evidence* of our good faith efforts to retain certified minority- and women-owned business enterprises:

(1) Copies of its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor's solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected;

(3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;

(4) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the directory of certified businesses;

(5) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;

(6) Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified minority- and women-owned business enterprises.

(7) Describe any other action undertaken by the bidder to document its good faith efforts to retain certified minority - and women- owned business enterprises for this procurement.

Submit additional pages as needed.

Authorized Representative Signature

Date

M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

PROJECT NAME _____

I, _____ (Authorized Representative) _____ (Title) _____ (Bidder/Applicant's Company)

_____ (Address) _____ (Phone)

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

<u>DATE</u>	<u>M/WBE NAME</u>	<u>PHONE/EMAIL</u>	<u>TYPE OF WORK</u>	<u>ESTIMATED BUDGET</u>	<u>REASON</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.

- _____ **A.** Did not have the capability to perform the work
- _____ **B.** Contract too small
- _____ **C.** Remote location
- _____ **D.** Received solicitation notices too late
- _____ **E.** Did not want to work with this contractor
- _____ **F.** Other (give reason) _____

_____ **Authorized Representative Signature** _____ **Date** _____ **Print Name**

M/WBE 105A

REQUEST FOR WAIVER FORM

BIDDER/APPLICANT NAME:

TELEPHONE:

ADDRESS:

EMAIL:

FEDERAL ID NO.:

CITY, STATE, ZIPCODE:

RFP#/PROJECT NO.:

INSTRUCTIONS: By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.

BIDDER/APPLICANT IS REQUESTING (check all that apply):	
<input type="checkbox"/> MBE Waiver - A waiver of the MBE goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial _____%	<input type="checkbox"/> WBE Waiver - A waiver of the WBE goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial _____%
<input type="checkbox"/> Waiver Pending ESD Certification (check here if subcontractor or supplier is not certified M/WBE, but an application for certification has been filed with Empire State Development) Subcontractor/Supplier Name: _____ Date of application filing: _____	

PREPARED BY (*Signature*): _____ DATE: _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'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/OR PROPOSAL DISQUALIFICATION.

NAME OF PREPARER: TITLE OF PREPARER: TELEPHONE: EMAIL:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 5px;">FOR AUTHORIZED USE ONLY</th> </tr> <tr> <td style="padding: 5px;"> REVIEWED BY: _____ DATE: _____ WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER <input type="checkbox"/> ESD CERTIFICATION WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY <input type="checkbox"/> CONDITIONAL WAIVER COMMENTS: </td> </tr> </table>	FOR AUTHORIZED USE ONLY	REVIEWED BY: _____ DATE: _____ WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER <input type="checkbox"/> ESD CERTIFICATION WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY <input type="checkbox"/> CONDITIONAL WAIVER COMMENTS:
FOR AUTHORIZED USE ONLY			
REVIEWED BY: _____ DATE: _____ WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER <input type="checkbox"/> ESD CERTIFICATION WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY <input type="checkbox"/> CONDITIONAL WAIVER COMMENTS:			

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

When completing the Request for Waiver Form, please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1-11, as listed below. If a Waiver Pending ESD Certification is requested, please see Item 11 below. Copies of the following information and all relevant supporting documentation must be submitted along with the request.

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Bidder/Applicant and the M/WBEs undertaken for purposes of complying with the certified M/WBE participations goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number and email address of the Bidder/Applicant's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

NOTE: Unless a Total Waiver has been granted, Bidder/Applicant will be required to submit all reports and documents pursuant to the provisions set forth in the procurement and/or contract, as deemed appropriate by NYSED, to determine M/WBE compliance.

EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)

Applicant Name: _____ Telephone: _____
 Address: _____ Federal ID No.: _____
 City, State, ZIP: _____ Project No: _____

Report includes:

Work force to be utilized on this contract OR

Applicant's total work force

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

EEO - Job Categories	Total Work Force	Race/Ethnicity - report employees in only one category																	
		Hispanic or Latino		Not-Hispanic or Latino															
				Male							Female								
		Male	Female	White	African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More	Disabled	Veteran	White	African-American	Native Hawaiian	Asian	American Indian or	Two or More	Disabled	Veteran
Executive/Senior Level Officials and Managers																			
First/Mid-Level Officials and Managers																			
Professionals																			
Technicians																			
Sales Workers																			
Administrative Support Workers																			
Craft Workers																			
Operatives																			
Laborers and Helpers																			
Service Workers																			
TOTAL																			

PREPARED BY _____
 (Signature): _____
 NAME AND TITLE OF PREPARER: _____

DATE: _____
 TELEPHONE/EMAIL : _____

STAFFING PLAN INSTRUCTIONS

General Instructions: All Bidders/Applicants in the proposal/application must complete an EEO Staffing Plan (EEO 100) and submit it as part of the package. Where the work force to be utilized in the performance of the State contract/project can be separated out, the Bidder/Applicant shall complete this form only for the anticipated work force to be utilized on the State contract/project. Where the work force to be utilized in the performance of the State contract/project cannot be separated out, the Bidder/Applicant shall complete this form for Bidder/Applicant's total work force.

Instructions for Completing:

1. Enter the Project number that this report applies to, along with the name, address, and federal ID number of the Bidder.
2. Check the appropriate box to indicate if the work force being reported is just for the contract/project or the Bidder/Applicant's total work force.
3. Check off the appropriate box to indicate if the Bidder completing the report is the contractor or subcontractor.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and race/ethnic background and enter under the heading Race/Ethnicity. Contact the M/WBE Coordinator, mwbe@mail.nyused.gov, if you have any questions.
6. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in designated areas.

RACE/ETHNIC IDENTIFICATION

For purposes of this form NYSED will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. The race/ethnic categories for this survey are:

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- **Disabled** - Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such an impairment; or is regarded as having such an impairment
- **Vietnam Era Veteran** - a veteran who served at any time between and including January 1, 1963 and May 7, 1975.

EEO 100

Required Signatures NYCDOE

Signatures from all affiliated project personnel are required. Please complete the Required Signatures Form and upload. (Upload files)

I hereby certify that I am the district's chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Master Contract for Grants and that the requested budget amounts are necessary for the implementation of this project. It is understood by the district that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the district that immediate written notice will be provided to the grant program office if at any time the district learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

New York City DOE Required Signature Page ONLY

Community School District Number: _____
Community School District Superintendent (CSDS) Name: _____
CSDS Email: _____ CSDS Phone #: _____
CSDS Signature: _____ CSDS Date: _____

Building Principal (BP) Name: _____
ES Email: _____ BP Phone #: _____
ES Signature: _____ BP Date: _____

Executive Superintendent (ES) Name: _____
ES Email: _____ ES Phone #: _____
ES Signature: _____ ES Date: _____

Deputy Chancellor (DC) Name: _____
DC Email: _____ DC Phone: _____
DC Signature: _____ DC Date: _____

MBK Director Name: _____
MBK Director Email: _____ MBK Director Phone: _____
MBK Director Signature: _____ MBK Director Date: _____

District Senior Grants Officer (DSGC) Name: _____
DSGC Email: _____ DSGC Phone: _____
DSGC Signature: _____ DSGC Date: _____