 M/WBE Narrative Form

NYCEDC is dedicated to furthering the participation of minority- and women-owned businesses in its work. Each RFPRespondent must submit this form together with its proposal to indicate how M/WBE participation will be achieved if it is selected.

Respondent Name: Click here to enter text.

 Please check if respondent is M/WBE prime\* [ ]

 Project Number: Click here to enter text.

\*If prime is M/WBE, please attach Department of Small Business Services-issued M/WBE certificate

1. **Establishment of numerical M/WBE contracting utilization goals or targets**

*The Participation Goal Range for this contract is set in Section [Insert section here] of the RFP. From this participation goal range, please acknowledge your intention to meet the M/WBE goal requirements of this RFP by entering a single M/WBE Participation Commitment Percentage below. Please note that a commitment percentage lower than the proposed Participation Goal range will result in a “0” score for the M/WBE selection criteria.*

*For participation goals disaggregated by ethnicity, please indicate the specific goal commitment you intend to subcontract by ethnicity below:*

**Overall M/WBE Participation Commitment Percentage\*:** Click here to enter text.

* + - **Black-Owned M/WBE:** ​ Click here to enter text.
		- **Hispanic-Owned M/WBE:** ​ Click here to enter text.
		- **Native American-Owned M/WBE:** ​ Click here to enter text.
		- **Asian WBE:** ​ Click here to enter text.

\*M/WBE Participation Commitment Percentage = Projected Payments to M/WBEs/Total Contract Payments

1. **List of Subcontractors/Subconsultants (All Procurement Types)**

*Please list all subcontractors/subconsultants who are included as members of the team in the proposal and a sentence on their role. Indicate which ones are M/WBE, and their respective race, ethnicity and gender.*

1. **Strategies and methods that will facilitate participation by M/WBE firms:**

*Please separately attach a narrative that lists**the specific strategies that will be taken to fulfill the M/WBE requirements of this contract and the goals established.**Your narrative should relate to the project scope.* *These strategies should be specific and easily verifiable. Note that specific actions committed to in the narrative must be documented sufficiently so that proof of their application can be readily obtained. As this narrative will be a factor in selection, it is critical that consultants fulfill every aspect of the narrative set forth in the response to the RFP. Your narrative should address, but is not limited to:*

* Firm’s personal commitment to diversity and inclusion
* Outreach strategy on this contract
* Internal roles of team members to assure M/WBE performance. Including (but not limited to) purchasing agent, project managers, project executive, M/WBE and/or economic inclusion managers
* Accountability for first-tier subcontractors
* Bidding process & strategy on this contract
1. **Experience & References**

*EDC as part of the M/WBE evaluation will review past projects with regards to the respondent’s past M/WBE compliance. Please list five (5) projects that are similar in size and scope to this RFP, the ones that you refer to in your RFP response as part of Section ###, where your firm served as a prime/Construction Manager and where M/WBE goals were set. For every project where the goals were not met, please attach a brief narrative detailing your good faith efforts.*

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| *Contract Name & Number* | *Description of work* | *M/WBE Goal (%)* | *M/WBE Award (% of M/WBE award $ in relation to total contract $)* | *Current or final M/WBE %**(M/WBE payments divided by total payments)* | *Client Contact**(Name, title, email address, phone number)* |
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1. **Provide the name and contact information of in-house M/WBE contact** Click here to enter text.

**F. Attestation**

I acknowledge that all the information provided herein is true and correct. In addition, I confirm the following:

* I have read and understand the M/WBE requirements for this contract.
* I will make and thoroughly document Good Faith Efforts utilized in encouraging M/WBE participation.
* I understand that I must notify NYCEDC of any material changes to the information submitted herein.

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Officer’s Name, Title

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Person

\_\_\_\_\_\_\_\_\_\_ \_\_\_

Date