

#### MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE) PROCUREMENT PROGRAM

Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form

SOLICITATION NUMBER: RFA HFSS2019LW	
SOLICITATION TITLE: Housing-Focused Support Services	

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to

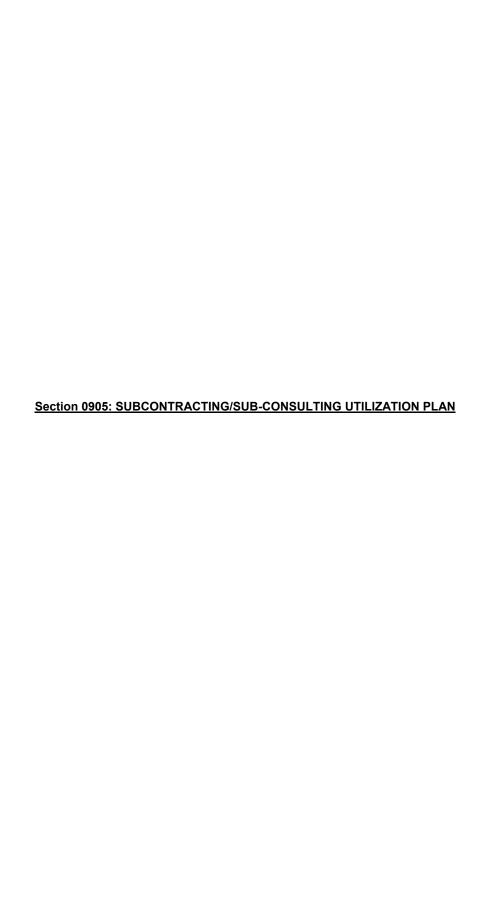
subcontracting goals for this So Procurement Program as descri	consultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no olicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE bed below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the y to any Contract(s) resulting from this Solicitation.
b.)Offerors who intend to use Su	o use Subcontractors shall check the "NO" box and follow the corresponding instructions. abcontractors shall check the applicable "YES" box and follow the instructions. Offers that do not include tents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission and.
NO, I DO NOT intend	to use Subcontractors/Sub-consultants.
Instructions: Offe	erors that do not intend to use Subcontractors shall complete and sign this form below
(Subcontracting/Su	b-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.
☐ YES, I DO intend to use	Subcontractors /Sub-consultants.
Instructions: Offe	erors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-
Consulting ("Subco	ntractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting
	Jtilization Plan). Contact SMBR if there are any questions about submitting these forms.
	Offeror Information
Company Name	
City Vendor ID Code	
Physical Address	
City, State Zip	

Phone Number

Is the Offeror

 $\prod$  NO City of Austin M/WBE YES Indicate one: MBE WBE MBE/WBE Joint Venture certified? Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed Subcontracting/Sub-Consulting Utilization Form, and if applicable my completed Subcontracting/Sub-Consulting Utilization Plan, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the Request For Change form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form. Name and Title of Authorized Representative (Print or Type) Signature/Date

Email Address



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		CITATION NUMBER: RFA HFSS2019LW CITATION TITLE: Housing-Focused Support Services
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	retain	RUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when ing Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR I-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.
	I inte	end to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).
	974-7 certif Subc	uctions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin Ged M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's ontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) the table below and must include the following documents in their sealed Offer:
		Subcontracting/Sub-Consulting Utilization Form (completed and signed) Subcontracting/Sub-Consulting Utilization Plan (completed)
	I inte	end to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.
		ructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first onstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.
	STEI STEI the fo	P ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract; P TWO: Perform Good Faith Efforts (Check List provided below); P THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include ollowing documents in their sealed Offer: Subcontracting/Sub-Consulting Utilization Form (completed and signed) Subcontracting/Sub-Consulting Utilization Plan (completed) All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)
	GOO	DD FAITH EFFORTS CHECK LIST –
	in or	n using NON-CERTIFIED Subcontractor/Sub-consultants(s), <u>ALL</u> of the following CHECK BOXES <u>MUST</u> be completed der to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed r. Documentation CANNOT be added or changed after submission of the bid.
		Contact SMBR. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.
		Contact M/WBE firms. Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

# MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE) PROCUREMENT PROGRAM

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ON NUMBER: RFA HFSS2019LW ON TITLE: Housing-Focused Support Services		
Follow up with responding M/WBE firms. Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.		
<b>Advertise</b> . Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.		
Use a Community Organization. Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.		

## MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE) PROCUREMENT PROGRAM

### <u>Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan</u>

(Offeron	rs may duplicate this	page to add additional Subco	ontractors as needed)		
		Subcontractor/Sub-consult	tant		
City of Austin Certified	MBE WBE	Ethnic/Gender Code:	NON-CERTIFIED		
Company Name		<u> </u>	<del>-</del>		
Vendor ID Code					
Contact Person		Phor	ne Number:		
Additional Contact Info	Fax Number: E-mail:				
Amount of Subcontract	\$				
List commodity codes &					
description of services					
Justification for not utilizing a					
certified MBE/WBE					
	l .				
		Subcontractor/Sub-consult	tant		
City of Austin Certified	MBE WBE	Ethnic/Gender Code:	☐ NON-CERTIFIED		
Company Name					
Vendor ID Code					
Contact Person		Phor	ne Number:		
Additional Contact Info	Fax Number:	E-mail:			
Amount of Subcontract	\$				
List commodity codes &					
description of services					
Justification for not utilizing a					
certified MBE/WBE					
		SMBR Contact Information			
SMBR Contact Name	Contact Date	Means of Contact	Reason for Contact		
		Phone			
		<b>OR</b> ☐ Email			
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FOR SMALL A	ND MINORITY B	USINESS RESOURCES DE	EPARTMENT USE ONLY:		
ving reviewed this plan, I	acknowledge tha	t the Offeror HAS	or HAS NOT complied with these		
tructions and City Code Ch	apters 2-9A/B/C/	D, as amended.			
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viewing Counselor		Date			
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ncur with the Reviewing Co	ounselor's recomm	endation.			
rector/Assistant Director or	r Designee	Date			