

New York State Division of Homeland Security and Emergency Services (DHSES)

Grants Program Administration

Minority and Women Owned Business Enterprises (MWBE) Guidelines and Procedures

This guidance is intended to assist grantees with the DHSES MWBE EEO Grant Requirements. This guidance applies only to NYS funded grants in excess of \$25,000.

Note: Throughout this guidance document, a sample grantee/contractor, Grantee Acme County, will be utilized to demonstrate the concepts/sections of the MWBE forms and procedures. The forms are presented in sections for easier viewing and detailed clarification.

LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form A – Grantee (Contractor)

A Local Assistance MWBE EEO Staffing Plan must be submitted during the performance period of all NYS funded grants. Final payments will not be processed until this form has been submitted, reviewed and approved. Additionally, an updated local assistance MWBE EEO staffing plan Form A should be submitted with all budget modification requests.

The illustration below shows fields 1-8 on the Local Assistance MWBE EEO Staffing Plan Form A. Fields 1- 4, 6 and 7 are self-explanatory. For Field 5, Grantees must indicate if the work force reported on this form represents the work force to be utilized on this contract or the grantee’s total work force. In this example, the grantee has indicated that the numbers reported on this form represent the grantee’s employees who will be working on this contract. The grantee’s other option would be to report the breakdown of their entire workforce. Either option is acceptable for the purposes of this form.

For Field 8 the Grantee must indicate the Equal Employment Opportunity staffing goals for their municipality or county. Grantees whose county or municipality does not have goals in place should leave this section blank.

1. Grantee (Contractor) Name: Acme County	2. DHSES Contract Number: C123456	3. Federal ID Number: 123456789
4. Grantee (Contractor) Address: 123 Main Street PO Box 321 Acme City, NY 12345	5. This form indicates the Grantee’s (select one): <input checked="" type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force	
6. Date: 12/12/14	7. NYS SFS Number: 1234567890	
8. EEO Goal (Grantee): MBE (Minority) 2.5 % WBE (Women) 6 %		

For fields 9 through 14 (see below), the Grantee must break down their workforce by Equal Employment Opportunity job categories, gender identification, race/ethnic identification and veteran status. The PDF version of this form will calculate the totals in this section.

Enter the total number of employees for each classification in each of the EEO-Job Categories identified: This portion of the form (fields 9-14), is a spreadsheet, Fields 13 and 14 will automatically calculate when using this feature.

EEO-Job Category	9. Total Work Force by Job Category	10. Work Force by Gender Identification		11. Work Force by Race/Ethnic Identification														12. Work Force by Disabled/Veteran Identification			
		Total Male (M)	Total Female (F)	American Indian or Alaska Native		Asian		Black or African American		Hispanic or Latino		Native Hawaiian or Other Pacific Islander		Two or More Races		White		Disabled		Veteran	
				(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Craft Workers	6	5	1	0	0	0	0	0	0	0	0	0	0	0	0	5	1	0	0	0	0
Laborers	15	15	0	0	0	0	0	4	0	1	0	0	0	0	0	10	0	0	0	0	0
Office/Clerical	25	5	20	0	0	1	2	1	5	0	1	0	0	0	0	3	17	0	0	2	0
Officials/Administrators	10	5	5	0	0	0	0	0	0	0	0	0	0	0	0	5	5	0	0	1	0
Professionals	6	5	1	0	0	0	0	1	0	0	0	0	0	0	0	4	1	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary/Apprentices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Subtotals:		35	27	0	0	1	2	6	5	1	1	0	0	0	0	27	24	0	0	3	0
14. Total Workforce:	62																				

IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONLY ONE RACE / ETHNIC IDENTIFICATION CATEGORY.

For Field 15 (see below), the Grantee should enter the name, title, phone number, and email address of the person completing the form.

For Field 16 (see below), the Grantee should enter the name of their MWBE Liaison. This would be the person designated by the Grantee to answer questions regarding the information provided on the form.

The “For DHSES Use Only” section of the form will be completed by DHSES after a review of the staffing plan has been completed.

15. PREPARED BY (Signature):	EMAIL ADDRESS: MAddams@AcmeCounty.com	TELEPHONE NO.: (518)555-1313	DATE: 1/1/15
NAME AND TITLE OF PREPARER (Print or Type): Morticia Addams – Acme County Personnel Administrator		16. MWBE Liaison: Morticia Addams	
FOR DHSES USE ONLY			
<input type="checkbox"/> MWBE EEO Staffing Plan Approved <input type="checkbox"/> MWBE EEO Staffing Plan Denied			
GPA Minority Business Officer:			Review Date:
Reviewer’s Comments:			

LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form B – Vendor (Subcontractor)

Grantees are required to submit staffing plans for all vendors (subcontractors) identified in their spending plans. Typically the staffing plans will be completed by the vendors or their subcontractors.

The illustration below shows fields 1-8 on the Local Assistance MWBE EEO Staffing Plan Form B. Fields 1- 4, 6 and 7 are self-explanatory. For Field 5, vendors must indicate if the work force reported on this form represents the work force to be utilized on this contract or the vendor’s total work force. In this example, the vendor has indicated that the numbers reported on this form represent the number of the vendor’s employees who will be working on this contract. The vendor’s other option would be to report the breakdown of their entire workforce. Either option is acceptable for the purposes of this form.

For Field 8 the Vendor must indicate the Equal Employment Opportunity staffing goals for their company. If the Vendor does not have goals in place they should leave this section blank.

1. Vendor (Subcontractor) Name: Dole Corporation	2. DHSES Contract Number: C123456	3. Duns Number:
4. Vendor (Subcontractor) Address: 100 Main Street Albany, NY 12345	5. This form indicates the Vendor’s / Sub-Contractor’s (select one): <input checked="" type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force	
6. Date: 12/12/14	7. Federal ID Number: 14-2345689	
8. EEO Goal (Vendor/Subcontractor): MBE (Minority) % WBE (Women) % No established goals		

For fields 9 through 14 (see below), the Vendor must break down their workforce by Equal Employment Opportunity job categories, gender identification, race/ethnic identification and veteran status. The PDF version of this form will calculate the totals in this section.

Enter the total number of employees for each classification in each of the EEO-Job Categories identified: This portion of the form(fields 9-14), is a spreadsheet, Fields 13 and 14 will automatically calculate when using this feature.

EEO-Job Category	9. Total Work Force by Job Category	10. Work Force by Gender Identification		11. Work Force by Race/Ethnic Identification												12. Work Force by Disabled/Veteran Identification					
		Total Male (M)	Total Female (F)	American Indian or Alaska Native		Asian		Black or African American		Hispanic or Latino		Native Hawaiian or Other Pacific Islander		Two or More Races		White		Disabled		Veteran	
				(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Craft Workers	20	15	5	0	1	1	0	3	1	1	0	0	0	0	0	10	3	0	0	1	1
Laborers	50	30	20	0	0	0	0	5	3	6	1	0	0	0	0	19	16	0	0	3	2
Office/Clerical	15	1	14	0	1	0	0	0	2	0	1	0	1	0	1	1	9	0	0	0	0
Officials/Administrators	10	7	3	0	0	0	0	0	0	0	0	0	0	0	0	7	3	0	0	0	0
Professionals	20	13	7	0	0	0	0	2	1	0	0	0	0	0	0	11	6	0	0	0	0
Sales Workers	6	6	0	0	0	0	0	1	0	0	0	0	0	0	0	5	0	0	0	1	0
Service Workers	15	15	0	0	0	0	0	2	0	1	0	0	0	0	0	12	0	0	0	2	0
Technicians	13	13	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	0
Temporary/Apprentices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Subtotals:		100	49	0	2	1	0	13	7	8	2	0	0	0	1	78	37	0	0	7	3
14. Total Workforce:	149																				

IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONLY ONE RACE / ETHNIC IDENTIFICATION CATEGORY.

For Field 15 (see below), the Vendor should enter the name, title, phone number, and email address of the person completing the form.

For Field 16 (see below), the Vendor should enter the name of their MWBE Liaison. This would be the person designated by the Vendor to answer questions regarding the information provided on the form.

The “**For DHSES Use Only**” section of the form will be completed by DHSES after a review of the staffing plan has been completed.

15. PREPARED BY (Signature):	EMAIL ADDRESS: HMunster@dolecorp.com	TELEPHONE NO.: (518)555-1666	DATE: 1/1/15
NAME AND TITLE OF PREPARER (Print or Type): Herman Munster – Personnel Administrator		16. MWBE Liaison: Herman Munster	
FOR DHSES USE ONLY			
<input type="checkbox"/> MWBE EEO Staffing Plan Approved <input type="checkbox"/> MWBE EEO Staffing Plan Denied			
GPA Minority Business Officer:			Review Date:
Reviewer’s Comments:			

LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM

All grantees/contractors awarded State funds by NYS DHSES are required to complete and submit a New York State Division of Homeland Security and Emergency Services Local Assistance MWBE Subcontractor/Supplier Utilization Form to their DHSES Contract Representative, prior to reimbursement of their grant. Additionally a utilization form must be submitted for each subsequent contract renewal period and with any budget modification, providing new or reassessed goals. This form is to be submitted once the grantee has determined what their Non-Personal Service procurements will be. For example, if the grantee is conducting an RFP (Request for Proposal) or a similar formal competitive bidding process, this form should be submitted for review and approval upon the completion of the bidding process.

The top portion of the NYS DHSES Local Assistance MWBE Subcontractor/Supplier form (fields 1 - 11), seen below, requires the Grantee to provide their basic information as well as information specific to their grant.

For Field 12 the grantee should enter the total dollar amount of their award

For Field 12a the grantee should indicate what dollar amount, if any, they are claiming to be exempt from the stated NYS MWBE goals. If a grantee is requesting either a partial or full exemption they must provide a signed justification on letterhead requesting the exemption and attach any supporting documentation to this form. **Please note that single and sole justifications require prior NYS DHSES approval.**

For Field 13 the grantee should enter the amount of their grant less any exemptions and/or personal services costs. This will be the amount subject to the stated MWBE goals. In the example below the grantee is claiming exemptions for sole source as well as NYS OGS contract purchases in the amount of \$55,000. The remaining balance of their \$100,000 grant (\$45,000) would be subject to the MWBE goals.

For Field 14 the grantee must enter the current contract award period.

For Field 15 the grantee is to provide a brief description of the product type(s) or services which will be purchased with funds from the grant contract referenced in question #6. For example; radio equipment, computer/office equipment, training, printing services, IT consulting services, vehicle maintenance etc.

Grantee (Contractor) Information

1. Name: Acme County		2. Address: 123 Main St., PO box 321, Acme City, NY 12345	
3. Contact Person / Title: Jane Jetson		4. Telephone Number: (518)555-5555	5. Email Address: JJetson@AcmeCounty.com
6. Contract Number: C123456	7. Project Number: LE10-1099-E01	8. Federal ID Number: 14-1234567	9. NYS SFS Number: 1234567890
10. Project Title: PSAP Grant		11. Project Location (Municipality/County/Region): Acme County	
12. Grant (Contract) Amount: \$100,000 12a. Exempt Amount: \$55,000		13. Grantee Discretionary NPS Amount: \$45,000.00	14. Contract Award Period: 12/31/14 Through 12/30/15
Reason for exemption (select all that apply): <input checked="" type="checkbox"/> Sole Source <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> NYS OGS Contract <input type="checkbox"/> Waiver Request			
15. Description of Goods/Services/Supplies to be Purchased: Communications Equipment and Installation Services			

The next section of the Local Assistance MWBE Subcontractor/Supplier Utilization Form seen below, is to only be completed if the grantee has utilized a NYS certified MWBE vendor and paid for the goods or services provided with monies from the contract referenced in field 6. The left section of this portion of the form (fields 16-21) is a fillable work sheet. Fields 22-24 will automatically calculate the totals for this section of the table.

For Field 16 the grantee will list the name and address of all NYS Certified MWBE subcontractor(s)/supplier(s) that will be utilized to provide any services and/or commodities paid for with funds from this grant. **Note: Certified MWBE suppliers and contractors may be located by searching the MWBE directory at: <https://ny.newnycontracts.com>.**

For Field 17 the grantee must provide the vendor’s NYS MWBE Certification Number.

For Field 18 the grantee must provide a brief description of the commodities or services to be purchased from the MWBE vendor.

For Fields 19 if the selected vendor is certified as an MBE, the grantee must indicate the amount of grant funds which will be spent with the vendor.

For Fields 20 if the selected vendor is certified as an WBE, the grantee must indicate the amount of grant funds which will be spent with the vendor.

For Field 21 if known, the grantee should enter the date of the purchase, or date the subcontract agreement was signed.

For Fields 22 the grantee must enter the Discretionary NPS Amount provided in field13.

For Field 23 the grantee enters the total amount of the services by the MBE and WBE firms listed.

For Field 24 the form will calculate the MWBE Utilization percentages based upon the following formula; Field 13 (Grantee Discretionary NPS amount) divided by the individual MBE and WBE utilization totals in field 23. The resulting percentages will appear in the corresponding MWBE Utilization percentages fields.

The left portion of this section (fields 16-21) is a fillable worksheet. Fields 22-24 will automatically calculate.

16. MWBE Subcontractor/Supplier Name and Address	17. NYS MWBE Certification Number	18. Description of Services or Supplies Provided	19. MBE Dollar Amount	20. WBE Dollar Amount	21. Date of Subcontract	25. MWBE Status and Certification		VERIFIED BY DHSES
International Radio Corporation 101 International Drive Orlando, FL 38000	123456	Radio equipment and Installation	\$4,900	\$0	2/2/2015	<input checked="" type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input checked="" type="checkbox"/>
						<input checked="" type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	
						<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/>
						<input type="checkbox"/> NYS Certified	<input type="checkbox"/> Certification Pending	
22. Discretionary NPS Amount (from box 13):	\$45,000	23. MWBE Utilization Amounts:	\$4,900					
		24. MWBE Utilization Percentages:	11%	0%				

NOTE: If a vendor's NYS MWBE Certification is pending, a copy of the notice of application receipt issued by the NYS Empire State Development Corporation must accompany this form.

For field 26 the grantee (contractor) must certify that the information contained on the form is accurate and represents the grantee's intent, if applicable, to utilize the MWBE subcontractor(s) listed. The grantee (contractor) must sign and date this form.

The "For DHSES Use Only" section will be completed by the person authorized to conduct the final review.

26. Grantee (Contractor) Signature/Agreement:		<input checked="" type="checkbox"/> My agency proposes to use the MWBEs listed above.	
Print Name: Jane Jetson			Date: 2/2/15
FOR DHSES USE ONLY			
MWBE Firms:		Reviewer Comments:	
<input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending <input type="checkbox"/>			
GPA Minority Business Officer:		Review Date:	

NYS DHSES MWBE Waiver Request Form

A grantee/contractor must submit a NYS MWBE Waiver Request Form if they are unable to meet the stated MWBE utilization goals for a reason other than the exemptions listed on the **LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM (Field 12)**. The grantee is required to submit supporting documentation as well as a narrative explaining why they were unable to reach the required MWBE utilization goals.

The illustration below shows fields 1-8 on the NYS DHSES MWBE Waiver Request Form. Fields 1-5 are self-explanatory.

For Field 6 the Grantee/Contractor must enter the MWBE percentage that was indicated in their grant guidance and the resulting dollar amount. Typically the MWBE percentage for NYS funded grants is 10% MBE and 10 % WBE.

For Field 7 the grantee must indicate if they are requesting a full or partial MWBE waiver. A full waiver will result in a goal of 0%. A partial waiver occurs if the grantee has not been able to meet the goals stated in their grant guidance but have been able to reach an MWBE utilization percentage higher than zero.

For Field 8 the grantee will sign and provide their contact information.

IMPORTANT: Separate attachments must be included with this form, detailing the basis for a partial or total waiver request. By submitting this document, the grantee (contractor) certifies that the grantee has made a good faith effort to promote MWBE participation pursuant to the MWBE requirements set forth in the grant contract.			
1. Grantee (Contractor) Name: Acme County		2. NYS SFS Number : 1234567890	
1a. Preparer Name/Title: Jane Jetson		3. Federal Identification Number: 14-1234567	
1b. Street Address: 123 Main St., PO box 321		4. Contract Number: C123456	5. Contract Amount: \$100,000
1c. City, State, Zip Code: Acme City, NY 12345		6. Approved MWBE Goals:	
		MBE 10 % Amount \$ 4,500.00	WBE 10 % Amount \$ 4,500.00
7. Type of MWBE Waiver Requested: Full <input checked="" type="checkbox"/> Partial			
a. MBE Waiver Total \$0.00		If partial waiver, please enter the requested revised MBE percentage and amount	11 % / \$4,900.00
b. WBE Waiver Total \$4,100.00		If partial waiver, please enter the requested revised WBE percentage and amount	0 % / \$ 0.00
8. Signature:		Date: 3/3/15	
Telephone Number: (518)555-5555		Email Address : JJetson@AcmeCounty.com	
By signing and submitting this form, the grantee (contractor) certifies that a good faith effort has been made to promote MWBE participation pursuant to the MWBE requirements set forth under the contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract			

All MWBE waiver requests must document the good faith efforts utilized by the grantee/contractor to provide opportunities for participation by MWBE subcontractors/suppliers in the bidding process. Good faith efforts are defined by the MWBE regulations. No MWBE waiver requests are to be considered without this documentation attached. Waiver requests must be approved by the Governor’s MWBE Office.

The following list delineates the documentation which the grantee will be required to submit along with the NYS DHSES MWBE Waiver request form.

- 1. A narrative which details the grantee’s justification for requesting a full or partial waiver.**
- 2. A copy of the RFP which was provided to all interested bidders.**
- 3. A list of the publications in which the advertisement for bid was run. The grantee must include a copy of each advertisement.**

4. The dates the advertisement(s) were published.
5. A list of any NYS Certified MWBE firms that were informed of the bidding opportunity.
6. Copies of notices, dates of contact, letters and any other correspondence that demonstrate the grantee did in fact inform NYS Certified MWBE vendors of the procurement opportunity.
7. Copies of responses the grantee received from NYS Certified MWBE firm specific the procurement opportunity. The grantee must explain why the NYS Certified MWBE vendor(s) was not selected.
8. The grantee must provide a description of any contract documents, plans, or specification made available to NYS Certified MWBE vendors for the purpose of soliciting their participation and any steps taken to structure the scope of work for the purpose of subcontracting with or obtaining supplies from NYS Certified MWBE firms.
9. The grantee must provide documentation of any negotiations between themselves and any NYS Certified MWBE vendor which occurred for the purpose of complying with the NYS Certified MWBE participation goals.
10. The grantee should provide any additional information they feel is relevant and which will help in evaluating their request for a waiver.
11. The grantee must provide the name, title, address, telephone number and email address of the grantee's representative authorized to discuss the waiver request.

Note: Unless a total waiver has been granted, the grantee (contractor) will be required to submit all reports and documents pursuant to the provision set forth in the contract, as deemed appropriate by DHSES, to determine MWBE compliance.