



**Homeland Security
and Emergency Services**

Minority and Women Owned Business Enterprises (MWBE) Requirements

MWBE Reporting Requirements



Minority and Women Owned Business Enterprise Requirements

MWBE Reporting Requirements

- Grantees must submit the following documents:
 - DHSES MWBE Utilization Form (**prior/with initial reimbursement**)
 - DHSES MWBE EEO Staffing Plan Form A (**prior/with initial reimbursement**)
 - DHSES MWBE EEO Staffing Plan Form B (Vendor) (**prior/with initial reimbursement for the vendor**)
- Reimbursement cannot be made until these forms are submitted.
- [MWBE Forms and instructions can be found on DHSES website: https://www.dhses.ny.gov/minority-and-women-owned-business-enterprises-mwbe](https://www.dhses.ny.gov/minority-and-women-owned-business-enterprises-mwbe)



Minority and Women Owned Business Enterprise Requirements

DHSES MWBE Utilization Form

Rev. 08/2016

New York State Division of Homeland Security and Emergency Services
LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM

IMPORTANT: A LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO REIMBURSEMENT OF THIS GRANT, IN ADDITION TO THE INITIAL SUBMITTAL OF THIS FORM, IT MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT RENEWAL PERIOD AND ANY REQUEST FOR A BUDGET MODIFICATION, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.

Grantee (Contractor) Information

1. Name:		2. Address:	
3. Contact Person/Title:		4. Telephone Number:	5. Email Address:
6. DHSES Contract Number:	7. Grant Program/Year:	8. Federal ID No.:	9. NYS SFS No.:
10. Project Location (Municipality/County/Region):		11. Contract Period: Through	
12. Description of Goods/Services/Supplies to be Purchased:			
13. Grant (Contract) Amount:	13a. Exempt Amount:	13b. Grantee Discretionary NPS Amount: \$0.00	
14. Reason for Exemption (select all that apply): <input type="checkbox"/> Personnel Costs <input type="checkbox"/> Single/Sole Source (see below) <input type="checkbox"/> NYS OGS Contract (see below) <input type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe)			
Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor:			
NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:			

Fields 13b, 22, 23 and 24 will automatically calculate.

15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification	Verified by DHSES
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
22. Discretionary NPS Amount(Box 13b):	\$0.00	23. MWBE Utilization Amounts:	\$0.00	\$0.00			
24. MWBE Utilization Percentage:			0.00%	0.00%			

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

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

This form must be submitted prior to initial reimbursement and can be used as a tracking sheet of spending and MWBE goals.

Reimbursement cannot be made until this form is submitted.

You may need to submit multiple utilization forms as you select your vendors.



Homeland Security
and Emergency Services

Minority and Women Owned Business Enterprise Requirements

DHSES MWBE EEO Staffing Plan Form A

New York State Division of Homeland Security and Emergency Services

LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form A - GRANTEE

IMPORTANT: A Local Assistance MWBE EEO Staffing Plan must be submitted during the performance period of this grant. Final payment will not be processed until this form has been reviewed and approved. An updated Local Assistance MWBE EEO Staffing Plan should be submitted with all budget modification requests. Grantees are also required to submit staffing plans for all vendors (subcontractors) which will be utilized for this grant. Please complete and submit a Local Assistance MWBE Equal Employment Opportunity Staffing Plan - Form B for each Vendor (Subcontractor) identified in your spending plan.

1. Grantee (Contractor) Name:	2. DHSES Contract Number:	3. Federal ID Number:
4. Grantee (Contractor) Address:	5. This form indicates the Grantee's (select one):	
	<input type="checkbox"/> Work force to be utilized on this contract	
	<input type="checkbox"/> Total work force	
	6. Date:	7. NYS SFS Number:
8. EEO Goal (Grantee): MBE (Minority) % WBE (Women) %		

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																					
Laborers																					
Office/Clerical																					
Officials/Administrators																					
Professionals																					
Sales Workers																					
Service Workers																					
Technicians																					
Temporary/Apprentices																					
13. Subtotals:		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Total Workforce:	0																				

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

15. PREPARED BY (Signature):	EMAIL ADDRESS:	PHONE NO.:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):		16. MWBE Liaison:	
FOR DHSES USE ONLY			
MWBE EEO Staffing Plan Approved		MWBE EEO Staffing Plan Denied	
GPA Minority Business Officer:		Review Date:	
Reviewer's Comments:			

Must be submitted prior to initial reimbursement.

Reimbursement cannot be made until this form is submitted.



Homeland Security and Emergency Services

Minority and Women Owned Business Enterprise Requirements

DHSES MWBE EEO Staffing Plan Form B (Vendor)

New York State Division of Homeland Security and Emergency Services
LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form B - VENDOR / SUBCONTRACTOR

IMPORTANT: A LOCAL ASSISTANCE MWBE EEO STAFFING PLAN MUST BE SUBMITTED DURING THE PERIOD OF THE CONTRACT IN ORDER TO PROCESS PAYMENTS FOR THE PROJECT. A REVISED LOCAL ASSISTANCE MWBE EEO STAFFING PLAN MUST BE SUBMITTED WITH ALL BUDGET MODIFICATION REQUESTS. LOCAL ASSISTANCE MWBE STAFFING PLANS ARE REQUIRED FOR ALL GRANTEEES AND EACH SUBCONTRACTOR IDENTIFIED IN THE CONTRACT. PLEASE COMPLETE FORM B FOR EACH SUBCONTRACTOR.

1. Vendor (Subcontractor) Name:			2. DHSES Contract Number:			3. Duns Number:		
4. Vendor (Subcontractor) Address:			5. This form indicates the Vendor's / Sub-Contractor's (select one): <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force					
			6. Date:			7. Federal ID Number:		
8. EEO Goal (Vendor/Subcontractor): MBE (Minority) % WBE (Women) %								

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																						
Laborers																						
Office/Clerical																						
Officials/Administrators																						
Professionals																						
Sales Workers																						
Service Workers																						
Technicians																						
Temporary/Apprentices																						
13. Subtotals:		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Total Workforce:	0																					

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

15. PREPARED BY (Signature):		EMAIL ADDRESS:		PHONE NO.:		DATE:	
NAME AND TITLE OF PREPARER (Print or Type):				16. MWBE Liaison:			
FOR DHSES USE ONLY							
MWBE EEO Staffing Plan Approved				MWBE EEO Staffing Plan Denied			
GPA Minority Business Officer:				Review Date:			
Reviewer's Comments:							

Must be submitted for each vendor that you are seeking reimbursement for. Vendors who are on NYS Contract and MWBE Vendors do not need to submit this form.

Reimbursement cannot be made until this form is submitted.



Homeland Security and Emergency Services

Minority and Women Owned Business Enterprise Requirements

How do I track and monitor my MWBE goals?

- You will need to continuously track your MWBE goal for every procurement you make during the entire period of performance of your grant.
- Each procurement will effect your MWBE goal and discretionary amounts.
- Consider sub-contractable opportunities. Vendors can sub-contract to MWBE.
- A waiver is needed if your MWBE goal cannot be met.
- Submit updated Utilization form with Quarterly Fiscal Reports.
- Utilize your Quarterly Progress Reports as a means to track your progress in meeting your MWBE goals.



Waiver Request Process

Minority and Women Owned Business Enterprise Requirements

What happens if I am unable to meet my MWBE goal?

If you are unable to reach your MWBE goal, you will need to request a waiver. A waiver must show Good Faith Effort that you tried to reach your MWBE Goal.

Information needed in Waiver Request:

- A statement setting forth your reason for requesting the waiver
- Dollar amount of the procurement
- A list of the publications in which your RFP was published along with the dates published
- A list of all certified MWBEs you solicited for purposes of complying with your MWBE goals
- Screen shots of your MWBE search on the MWBE website
- Communication logs with MWBE vendors
- A listing identifying all vendors that submitted proposals, their bid price, who was selected and the reason why the vendor was selected
- A copy of the RFP used to solicit vendors



Minority and Women Owned Business Enterprise Requirements

DHSES MWBE Waiver Form

New York State Division of Homeland Security and Emergency Services
LOCAL ASSISTANCE MWBE WAIVER REQUEST FORM

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:		2. NYS SFS Number :							
1a. Preparer Name/Title: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		3. Federal Identification Number:							
1b. Street Address:		4. Contract Number:	5. Contract Amount:						
1c. City, State, Zip Code:		6. Approved MWBE Goals:							
		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">MBE</td> <td style="text-align: center;">%</td> <td style="text-align: center;">Amount \$</td> <td style="text-align: center;">WBE</td> <td style="text-align: center;">%</td> <td style="text-align: center;">Amount \$</td> </tr> </table>		MBE	%	Amount \$	WBE	%	Amount \$
MBE	%	Amount \$	WBE	%	Amount \$				
7. Type of MWBE Waiver Requested: Full <input type="checkbox"/> Partial <input type="checkbox"/>									
a. MBE Waiver	If partial waiver, please enter the requested revised MBE percentage and amount		% / \$						
b. WBE Waiver	If partial waiver, please enter the requested revised WBE percentage and amount		% / \$						
8. Signature:			Date:						
Telephone Number:		Email Address:							
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.									
Submit to: New York State Division of Homeland Security and /Emergency Services Grant Program Administration (GPA) 1220 Washington Avenue Building 7A,6 th Floor Albany, NY 12242		FOR DHSES USE ONLY							
		REVIEWED BY:							
		DATE:							
		Waiver Granted: YES:___ MBE:___ WBE:___							
		Waiver Denied:___ ___ Total Waiver ___ Partial Waiver ___ Conditional (Specific conditions in Comments Section) ___ Notice of Deficiency (NOD) Issued NOD Date _____							
Reviewer Comments:									

In addition to submitting the **MWBE Waiver Request** letter and all related backup documentation, this **MWBE Waiver form** is also required.



Minority and Women Owned Business Enterprise Requirements

MWBE Waivers continued

- If the reason for the MWBE waiver is lack of MWBE vendors' response – provide solicitation logs, in the form of email copies and/or a spreadsheet, that show all contact with MWBE vendors. Provide copies of responses made by certified MWBE vendors to your solicitations when applicable.
- If the reason for the MWBE waiver is lack of MWBE vendors – provide screen shots of your searches from the MWBE website.

Minority and Women Owned Business Enterprise Requirements

MWBE Waiver Example #1 – MWBE Vendors Available

- XYZ County is requesting a partial waiver for a \$55,000 purchase of a generator. An ad was placed in the XYZ Sentinel for the week of 11/14 – 11/21 and posted to the county website. They also emailed all MWBE vendors identified in their search about their RFP and although 2 MWBE vendors submitted bids, they were not the lowest bidder. Per county procurement policy, XYZ County had to select the lowest responsible bidder, which was not a MWBE vendor.
- MWBE Vendors responses from via email on 11/14/2020 (emails attached):
 Gower Generator (WBE)
 Bailey Electricians (MBE)
 320 Sycamore Generator and Power Alternatives (WBE)
 Don't Be Left in the Dark (MBE)
 Pottersville Auxiliary Power (WBE)

Vendor Name	Date Contacted	Response
Gower Generator	11/14/2020	Bid \$63,400
Bailey Electricians	11/14/2020	Cannot provide adequate wattage
320 Sycamore Generator and Power Alternatives	11/14/2020	Bid \$72,000
Don't Be left in the Dark	11/14/2020	No response
Pottersville Auxiliary Power	11/14/2020	Just does residential generators

- XYZ County solicited bids in a fair and open environment with a newspaper ad and on the county website.
- All MWBE Vendors from search were also solicited.
- Per county procurement policy, the lowest bidder was selected.



Minority and Women Owned Business Enterprise Requirements

MWBE Waiver Example #2 – No MWBE Vendors Found

- XYZ County is utilizing 2018 SICG Formula funds to complete a large interoperable communication project. XYZ searched the MWBE database, but was unable to find any MWBE vendors that could provide these services. As per the county's procurement policies, they obtained price quotes from three vendors. All three vendors were questioned about their MWBE status, however none are MWBE certified. XYZ is therefore requesting to proceed with the lowest bidder which is Bedford Falls Communications for \$111,000. Bedford Falls Communications was unable to subcontract to a MWBE vendor.

Work Districts/Regions: Mohawk Valley

Search Again

Search Results: 0 firms with 0 certifications found

Your search parameters did not return any matches. Modify the information in the fields above and click Search Again

CSI 26322b: Frequency Changers
 CSI 263546: Radio-Frequency-Interference Filters
 CSI 271501.49: Intermediate Frequency/Radio Frequency Communications Horizontal Cabling
 CSI 342113: High Power Static Frequency Converters
 CSI 342119.23: Frequency Changer
 NIGP 72624: Frequency Data Communication Equipment, Radio (Including Identification Equipment) (EFFECTIVE 3-1-07 THIS CLASS-ITEM INACTIVATED FOR NEW USE, REFER TO 726-47)
 NIGP 72627: High Frequency Radio (SSB), Mobile and Base (EFFECTIVE 3-1-07 THIS CLASS-ITEM INACTIVATED FOR NEW USE, REFER TO 726-57)
 NIGP 72649: Radio Frequency Scanner Receivers and Amplifiers (Including RF Connectors, Analyzers, Counters, Meters, Switches) (EFFECTIVE 3-1-07 THIS CLASS-ITEM INACTIVATED FOR NEW USE, REFER TO 726-77)
 NIGP 72647: Frequency Data Communication Equipment, Radio (Including Identification Equipment)
 NIGP 72677: Radio Frequency Scanner Receivers and Amplifiers, Including RF Connectors, Analyzers, Counters, Meters, Switches
 NIGP 73032: Distortion Measurement Equipment, Audiofrequency, Radiofrequency, etc.)
 NIGP 90559: Radio Frequency Access Services

- As part of their MWBE Waiver process, XYZ County provided a screenshot showing that no MWBE Vendors were available to provide the services needed for their project.
- Proper county procurement policies were followed by obtaining quotes from three vendors.
- XYZ County communicated with the selected vendor to determine if any subcontractors being utilized were MWBE Vendors.



Minority and Women Owned Business Enterprise Requirements

Waivers Reducing Your Discretionary

As purchases are completed over a multi-year period of performance, you may find that you need to request certain components/purchases of your contract be exempted from MWBE goals. These are referred to as partial waivers reducing your discretionary.

While your MWBE goal of 30% still stays the same, you are asking for this specific purchase to be exempt from MWBE goals.

This waiver, once approved, will reduce your discretionary amount which is the amount of your contract that is applied to your MWBE goal.

Example: \$50,000 contract X 30% MWBE goal = \$15,000 MWBE goal

Partial waiver approved reducing discretionary to \$35,000

\$35,000 x 30% MWBE goal = \$10,500 MWBE goal

You can still attempt to achieve the 30% goal on your original contract amount, but for right now you are asking for this portion of the project to be waived so that you can start working on this project.



Examples of Various Scenarios

Scenario #1: All Personnel Costs on PSAP Contract

- PSAP Contract Amount is \$107,000. All grant funds are spent on PSAP Personnel Cost.
- As a result, MWBE Paperwork needed:
 - Form A – Grantee Staffing Plan
 - MWBE Utilization Form
 - Box 13a – Exempt Amount – Entire grant amount of \$107,000
 - Box 14 – Reason for Exemption – Select Personnel Costs
 - Boxes 15 through 24 – Leave Blank/No need to complete

13. Grant (Contract) Amount:	\$107,000.00	13a. Exempt Amount:	\$107,000.00	13b. Grantee Discretionary NPS Amount:	\$0.00
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14. Reason for Exemption (select all that apply):

☒ Personnel Costs
 ☐ Single/Sole Source (see below)
 ☐ NYS OGS Contract (see below)
 ☐ Waiver Approved
 ☐ Other (Please Describe)

Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor:

NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:

Fields 13b, 22, 23 and 24 will automatically calculate.

15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
22. Discretionary NPS Amount(Box 13b):	\$0.00	23. MWBE Utilization Amounts:	\$0.00	\$0.00		
24. MWBE Utilization Percentage:			0.00%	0.00%		



Scenario #2: 30% MWBE Goal met with MWBE Vendor for SICG Project

- SICG Contract amount is \$1,000,000 therefore 30% MWBE goal is \$300,000.
 - Grantee utilizes a MBE Vendor for \$500,000 and meets the 30% MWBE goal.
- As a result, MWBE Paperwork Needed:
 - Form A – Grantee Staffing Plan
 - MWBE Utilization Form
 - Box 13a – No exempt amount – leave at \$0
 - Box 14 – Leave blank
 - Boxes 15 through 21 – Fill out MWBE Vendor information

13. Grant (Contract) Amount:	\$1,000,000.00	13a. Exempt Amount:	\$0.00	13b. Grantee Discretionary NPS Amount:	\$1,000,000.00	
14. Reason for Exemption (select all that apply):						
<input type="checkbox"/> Personnel Costs <input type="checkbox"/> Single/Sole Source (see below) <input type="checkbox"/> NYS OGS Contract (see below) <input type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe)						
Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor:						
NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:						
Fields 13b, 22, 23 and 24 will automatically calculate.						
15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification
Mickey Mouse Interoperability	12345HJY	Interoperability Services	\$500,000.00			<input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE
123 18th Street						<input type="checkbox"/> NYS Certified
New York, NY 10001						<input type="checkbox"/> MBE <input type="checkbox"/> WBE
						<input type="checkbox"/> NYS Certified
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE
						<input type="checkbox"/> NYS Certified
22. Discretionary NPS Amount(Box 13b):	\$1,000,000.00	23. MWBE Utilization Amounts:	\$500,000.00	\$0.00		
24. MWBE Utilization Percentage:			50.00%	0.00%		



Scenario #3: Sole Source Vendor and Personnel Costs for SICG Project

- SICG Contract Amount is \$1,000,000, therefore 30% MWBE goal is \$300,000 again.
 - Grantee obtains prior Sole Source approval for two vendors and claims the County Interoperability Coordinator's salary on this grant contract. These expenditures are MWBE Exemptions and spend down the entire grant. Discretionary Amount is \$0.
- As a result, MWBE Paperwork needed:
 - MWBE Form A – Grantee Staffing Plan
 - MWBE Form B – Vendor Staffing Plan for Sole Source Vendors
 - MWBE Utilization Form
 - Box 13A – Exempt amount will be combination of grant funds spent on Sole Source and Personnel Costs
 - Box 14 – Capture Sole Source vendor information
 - Boxes 15 through 24 – Leave Blank/No need to complete

13. Grant (Contract) Amount:	\$1,000,000.00	13a. Exempt Amount:	\$1,000,000.00	13b. Grantee Discretionary NPS Amount:	\$0.00
14. Reason for Exemption (select all that apply): <input checked="" type="checkbox"/> Personnel Costs <input checked="" type="checkbox"/> Single/Sole Source (see below) <input type="checkbox"/> NYS OGS Contract (see below) <input type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe)					
Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor: ABC Radio Company Inc / XYZ Interop Inc.					
NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:					
Fields 13b, 22, 23 and 24 will automatically calculate.					
15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract
22. Discretionary NPS Amount(Box 13b):	\$0.00	23. MWBE Utilization Amounts:	\$0.00	\$0.00	
		24. MWBE Utilization Percentage:	0.00%	0.00%	

Scenario #4: MWBE 30% Goal Not Met, MWBE Waiver Submitted

- SICG Contract amount is \$1,000,000 therefore 30% MWBE goal remains \$300,000.
 - Grantee utilizes one vendor for entire contract amount. Vendor was selected through a competitive bidding process. MWBE Waiver needed since an MWBE vendor was not selected during the bidding process.
- As a result, MWBE Paperwork needed:
 - MWBE Form A – Grantee Staffing Plan
 - MWBE Form B – Vendor Staffing Plan for Vendor requested under MWBE Waiver
 - MWBE Waiver Package – Include MWBE Waiver Request, backup documentation and MWBE Waiver Form
 - MWBE Utilization Form
 - Box 13a – Exempt Amount will outline MWBE Waiver request total (full grant amount in this scenario)
 - Box 14 – Select MWBE Waiver
 - Boxes 15 through 24 – Leave blank

13. Grant (Contract) Amount:	\$1,000,000.00	13a. Exempt Amount:	\$1,000,000.00	13b. Grantee Discretionary NPS Amount:	\$0.00
14. Reason for Exemption (select all that apply):					
<input type="checkbox"/> Personnel Costs <input type="checkbox"/> Single/Sole Source (see below) <input type="checkbox"/> NYS OGS Contract (see below) <input checked="" type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe)					
Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor:					
NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:					
Fields 13b, 22, 23 and 24 will automatically calculate.					
15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract
					21. MWBE Status and Certification
					<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
					<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
					<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
22. Discretionary NPS Amount(Box 13b):	\$0.00	23. MWBE Utilization Amounts:	\$0.00	\$0.00	
		24. MWBE Utilization Percentage:	0.00%	0.00%	



Scenario #5: Multiple vendors to meet 30% MWBE Goal

- SICG Contract amount is \$1,000,000, therefore 30% MWBE goal is \$300,000. Grantee utilizes a combination of vendors and personnel costs over the grant lifespan.
 - The grantee begins the project with a purchase utilizing a Sole Source vendor for \$400,000 and Personnel Costs for the County Interoperability Coordinator's Salary for \$200,000. These are exemptions to the MWBE goal and reduce the discretionary amount subject to the 30% MWBE goal. The new discretionary amount is \$400,000, making the new 30% MWBE goal \$120,000.
- At this point, the grantee submits a voucher for reimbursement and the MWBE paperwork needed is as follows:
 - MWBE Form A – County Staffing Plan
 - MWBE Form B – Vendor Staffing Plan for sole source vendor
 - MWBE Utilization Form
 - Box 13a – Exempt Amount will be the combination of funds spent on the sole source and personnel costs
 - Box 14 – Select “Personnel Costs” and “Single/Sole Source” and provide vendor information
 - Boxes 15 through 24 – Leave blank

13. Grant (Contract) Amount:	\$1,000,000.00	13a. Exempt Amount:	\$600,000.00	13b. Grantee Discretionary NPS Amount:	\$400,000.00
14. Reason for Exemption (select all that apply):					
<input checked="" type="checkbox"/> Personnel Costs <input checked="" type="checkbox"/> Single/Sole Source (see below) <input type="checkbox"/> NYS OGS Contract (see below) <input type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe)					
Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor: ABC Radio Company Inc					
NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:					

Fields 13b, 22, 23 and 24 will automatically calculate.

15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification	Verified by DHSES
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified	
22. Discretionary NPS Amount(Box 13b):			\$400,000.00	23. MWBE Utilization Amounts:		\$0.00	\$0.00
				24. MWBE Utilization Percentage:		0.00%	0.00%



Scenario #5: Multiple vendors to meet 30% MWBE Goal (continued)

- As the grantee continues on with their project, they utilize a MWBE vendor for the next part of their project for \$60,000.
 - Although this expenditure counted towards the MWBE 30% goal, it did not lower the discretionary amount, which remains \$400,000. The grantee has reached 15% or \$60,000 of the 30%/\$120,000 current MWBE goal.
- The Grantee submits another voucher for reimbursement and MWBE paperwork needed is as follows:
 - Updated MWBE Utilization Form
 - Boxes 13 through 14 remain the same
 - Boxes 15 through 21 are completed with MWBE vendor information

13. Grant (Contract) Amount:	\$1,000,000.00	13a. Exempt Amount:	\$600,000.00	13b. Grantee Discretionary NPS Amount:	\$400,000.00
14. Reason for Exemption (select all that apply):					
<input checked="" type="checkbox"/> Personnel Costs <input checked="" type="checkbox"/> Single/Sole Source (see below) <input type="checkbox"/> NYS OGS Contract (see below) <input type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe)					
Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor: ABC Radio Company Inc					
NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:					

Fields 13b, 22, 23 and 24 will automatically calculate.

15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification	Verified by DHSES
Minnie Mouse Interoperability	98765YTR	Interoperability Services		\$60,000.00		<input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	
8787 Main Street						<input checked="" type="checkbox"/> NYS Certified	
Anytown, NY 12345							
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE	
						<input type="checkbox"/> NYS Certified	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE	
						<input type="checkbox"/> NYS Certified	
22. Discretionary NPS Amount(Box 13b):	\$400,000.00	23. MWBE Utilization Amounts:	\$0.00	\$60,000.00			
24. MWBE Utilization Percentage:			0.00%	15.00%			

Scenario #5: Multiple vendors to meet 30% MWBE Goal (continued)

- At this point the grantee has a few options as to how they could meet the 30% MWBE Goal.
 - The grantee may utilize a MWBE Vendor(s) for at least another \$60,000 to meet the current MWBE 30% goal of \$120,000.
 - The grantee may utilize additional vendors that lower the discretionary total, i.e. sole source vendors.
 - The grantee may need to request a MWBE waiver if they are unable to meet the MWBE 30% goal.
- In this scenario the grantee hires a vendor for \$200,000 from an RFP. An MWBE Vendor was not selected during the procurement process. The grantee submits a MWBE Waiver Package for this purchase to reduce their discretionary amount and the MWBE Waiver is approved.
 - The MWBE Waiver approved procurement amount of \$200,000 is added to the Exempt Amount of the contract, lowering the discretionary amount to \$200,000. With this new discretionary amount, the \$60,000 spent on the MWBE vendor now satisfies the MWBE 30% goal for this contract.
- The Grantee submits another voucher for reimbursement and MWBE paperwork needed is as follows:
 - MWBE Form B – Vendor staffing plan for vendor being utilized with the MWBE Waiver
 - Updated MWBE Utilization Form
 - Box 13a – Exempt amount has been updated to include the MWBE waiver amount
 - Box 14 – Waiver Approved box is now checked
 - Boxes 15 through 21 remain the same

*Note that in this example, the grantee has spent \$860,000 of their \$1,000,000 award amount. Although the remaining \$140,000 is not subject to meeting any more of the MWBE goal, if the grantee utilizes another vendor that is not a MWBE Vendor, the grantee must submit additional staffing plans for those vendors. If the grantee utilizes another MWBE Vendor, an updated Utilization form would need to be submitted.



Rev. 01/2020

New York State Division of Homeland Security and Emergency Services
LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM

IMPORTANT: A LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO REIMBURSEMENT OF THIS GRANT, IN ADDITION TO THE INITIAL SUBMITTAL OF THIS FORM, IT MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT RENEWAL PERIOD AND ANY REQUEST FOR A BUDGET MODIFICATION, PROVIDING DETAIL OF NEW OR REASSESSED GOALS.

Grantee (Contractor) Information

1. Name:	Any County	2. Address	123 Main Street, Anytown, NY 12345		
3. Contact Person/Title:	Jane Doe - Grant Admin	4. Telephone Number:	(123) 456-7890	5. Email Address:	jdoe@anytown.org
6. DHSES Contract Number:	C123456	7. Grant Program/Year:	FY19 SICG	8. Federal ID No.:	1234567889
				9. NYS SFS No.:	00019191827
10. Project Location (Municipality/County/Region):	Anytown, NY		11. Contract Period:	01/01/2020	Through 12/31/2021
12. Description of Goods/Services/Supplies to be Purchased: Town-wide interoperability build out and upgrade project					
13. Grant (Contract) Amount:	\$1,000,000.00	13a. Exempt Amount:	\$800,000.00	13b. Grantee Discretionary NPS Amount:	\$200,000.00
14. Reason for Exemption (select all that apply): <input checked="" type="checkbox"/> Personnel Costs <input checked="" type="checkbox"/> Single/Sole Source (see below) <input type="checkbox"/> NYS OGS Contract (see below) <input checked="" type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe)					
Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor: ABC Radio Company Inc					
NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number:					

Fields 13b, 22, 23 and 24 will automatically calculate.

15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification	Verified by DHSES
Minnie Mouse Interoperability	98765YTR	Interoperability Services		\$60,000.00		<input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	
8787 Main Street						<input checked="" type="checkbox"/> NYS Certified	
Anytown, NY 12345						<input type="checkbox"/> MBE <input type="checkbox"/> WBE	
						<input type="checkbox"/> NYS Certified	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE	
						<input type="checkbox"/> NYS Certified	
22. Discretionary NPS Amount(Box 13b):	\$200,000.00	23. MWBE Utilization Amounts:	\$0.00	\$60,000.00			
24. MWBE Utilization Percentage:			0.00%	30.00%			

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

- In this example, the final Utilization Form outlines the overview of how the grantee spent down the SICG funds.
- The Exempt Amount captures the funds spent on the sole source vendor, personnel costs, and the MWBE Waiver-approved vendor.
- The grantee also included the information about the WBE vendor utilized to meet the 30% MWBE goal for the contract.



**Homeland Security
and Emergency Services**

Questions?
Please reach out to your
Contract Representative.

