

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

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

SOLICITATION NUMBER: RFA PSH2019LW	
SOLICITATION TITLE: Permanent Supportive Housing and Transitional Housing	

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 insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.)Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. Offers that do not include
the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission
may not be considered for award.
NO, I DO NOT intend to use Subcontractors/Sub-consultants.

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below
(Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.
YES, I DO intend to use Subcontractors /Sub-consultants.
Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-
Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting)
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0 (,	lization Form), and follow the ac a). Contact SMBR if there are an	,	Ο,
		Offeror Info	, ,	
Company Name				
City Vendor ID Code				
Physical Address				
City, State Zip				
Phone Number			Email Address	
Is the Offeror City of Austin M/WBE certified?	□ NO □ YES	Indicate one: MBE [□ WBE □ MBE/WBE Jo	int Venture
Procurement Program if I in Utilization Form, and if app	ntend to includ plicable my con	de Subcontractors in my Offer. mpleted Subcontracting/Sub-C	. I further agree that this co Consulting Utilization Plan	itation, I will comply with the City's M/WBE impleted Subcontracting/Sub-Consulting , shall become a part of any Contract I may be subcontractor(s) but later intend to add

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 Subcontractor ybegin work, unless I first obtain City approval of my Request for Change form. I understand that, if a Subcontractor is not listed in my Subcontractor to begin work, unless I first obtain City approval 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.

Signature/Date

Name and Title of Authorized Representative (Print or Type)



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	SOLICITATION NUMBER: RFA PSH2019LW SOLICITATION TITLE: Permanent Supportive Housing and Transitional Housing	
	INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontracting Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) NON-CERTIFIED), check the box of their applicable decision, and comply with the additional inst) they are anticipating to use (CERTIFIED OR
	☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).	
	Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. 974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror int Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert to into the table below and must include the following documents in their sealed Offer:	Subcontractor(s) are City of Austin tends to subcontract. If the Offeror's
	 Subcontracting/Sub-Consulting Utilization Form (completed and signed) Subcontracting/Sub-Consulting Utilization Plan (completed) 	
	☐ I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good	d Faith Efforts.
	Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE fidemonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WB	
	STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract STEP TWO: Perform Good Faith Efforts (Check List provided below); STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) is the following 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 (stopped and signed)	into the table below and must include
	When using NON-CERTIFIED Subcontractor/Sub-consultants(s), <u>ALL</u> of the following CHEC in order to meet and comply with the Good Faith Effort requirements and all documentation Offer. Documentation CANNOT be added or changed after submission of the bid.	
	Contact SMBR. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocume of City of Austin certified M/WBE firms that are certified to provide the goods and service out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBI following page.	es the Offeror intends to subcontract
	Contact M/WBE firms. Offerors shall contact all of the M/WBE firms on the Availability Presence which is the Austin Metropolitan Statistical Area, to provide information on the presence to be subcontracted and give the Subcontractor the opportunity to respond on their interest to When making the contacts, Offerors shall use at least two (2) of the following communicate phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with the all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and	roposed goods and services proposed to bid on the proposed scope of work. tion methods: email, fax, US mail or neir interest. Offerors shall document

shall show the date(s) of contact, company contacted, phone number, and contact person.

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CITATION NUMBER: RFA PSH2019LW CITATION TITLE: Permanent Supportive Housing and Transitional Housing
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.
Advertise. 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.

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(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		,	-
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	
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
MDR Contact Plante	Contact Date	Phone	Reason for Contact
		OR	
		☐ Email	
FOR SMALL A	ND MINORITY B	USINESS RESOURCES DE	EPARTMENT USE ONLY:
lving reviewed this plan, I	acknowledge tha	t the Offeror L HAS	or HAS NOT complied with these
tructions and City Code Ch	apters 2-9A/B/C/	D, as amended.	
viewing Counselor		Date	
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ncur with the Reviewing Co	ounselor's recomm	endation.	
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rector/Assistant Director of	r Designee	Date	