RFQ – MBE/WBE *COMPLIANCE PLAN*

All sections (I-VII) must be completed and submitted prior to the due date in the solicitation documents

Section I — Project Identification and Goals

Project Name	
Solicitation Number	

Project Goals or Subgoals	
MBE	%
African American	%
Hispanic American	%
Native/Asian American	%
WBE	%

Section II — Prime Company Information

Name of Company	
Address	
City, State Zip	
Phone	
Fax	
Name of Contact Person	
Is prime company City certified?	Yes ☐ No ☐ MBE ☐ WBE ☐ MBE/WBE Joint Venture ☐

I certify that the information included in this *Compliance Plan* is true and complete to the best of my knowledge and belief. I further understand and agree that this *Compliance Plan* shall become a part of my contract with the City of Austin.

_____

Name and Title of Authorized Representative

_____ _____

Signature **Date**

For SMBR Use Only:

I have reviewed this *Compliance Plan* and found that the Proposer **HAS** ☐ or **HAS NOT** ☐ complied as per the City Code Chapter 2-9B.

Reviewing Counselor _____ Date _____

Director/Assistant Director _____ Date _____

Section III — *Compliance Plan* Summary

Note:
- **Fill in all the blanks.**
- **For project participation numbers use an EXACT number. DO NOT USE: approximate, plus or minus (+ -), up to, to be determined (TBD), < >, or any other qualifying language.**
- **Compliance plans not complying with these requirements shall be rejected as non-responsive.**

Goals: Proposed Participation	
MBE	%
WBE	%
Non-Certified	%

Subgoals: Proposed Participation	
African American	%
Hispanic	%
Native/Asian American	%
WBE	%
Non-Certified	%

Proposer's own participation in project (less any amount subcontracted):

Percentage: _____%

Are the stated goals or subgoals of the solicitation met? *(If no, attach documentation of Good Faith Efforts)*

Yes ☐ No ☐

For SMBR Use Only:

Verified Goals OR Subgoals:

MBE _____ % WBE _____ %

African-American _____ %; Hispanic _____%; Native/Asian American_____%; WBE_____%

Section IV — Disclosure of MBE and WBE Participation

Duplicate As Needed

Note:

- **Fill in all the blanks.**
- **For project participation numbers use an EXACT number. DO NOT USE: approximate, plus or minus (+ -), up to, to be determined (TBD), < >, or any other qualifying language.**
- **Compliance plans not complying with these requirements shall be rejected as non-responsive.**
- **If you are completing this *Compliance Plan* in response to a Rotation List solicitation, do not list the percentages.**

Name of MBE/WBE Certified Firm	
City of Austin Certified	MBE ☐ WBE ☐ Ethnic/Gender Code:
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Subcontract	%
Commodity codes/describe services	

Name of MBE/WBE Certified Firm	
City of Austin Certified	MBE ☐ WBE ☐ Ethnic/Gender Code:
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Subcontract	%
Commodity codes/describe services	

Name of MBE/WBE Certified Firm	
City of Austin Certified	MBE ☐ WBE ☐ Ethnic/Gender Code:
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Subcontract	%
Commodity codes/describe services	

Name of MBE/WBE Certified Firm	
City of Austin Certified	MBE ☐ WBE ☐ Ethnic/Gender Code:
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Subcontract	%
Commodity codes/describe services	

Section V — Disclosure of Non-Certified Subconsultants

Duplicate As Needed

Note:

- **Fill in all the blanks.**
- **For project participation numbers use an EXACT number. DO NOT USE: approximate, plus or minus (+ -), up to, to be determined (TBD), < >, or any other qualifying language.**
- **Compliance plans not complying with these requirements shall be rejected as non-responsive.**

Subconsultant	
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Subcontract	%
Commodity codes/describe services	
Reason MBE/WBE not used	

Subconsultant	
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Subcontract	%
Commodity codes/describe services	
Reason MBE/WBE not used	

Subconsultant	
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Subcontract	%
Commodity codes/describe services	
Reason MBE/WBE not used	

Subconsultant	
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Subcontract	%
Commodity codes/describe services	
Reason MBE/WBE not used	

Section VI Disclosure of Second-Level Subconsultants

Duplicate as Needed

Note:

- **Fill in all the blanks.**
- **For project participation numbers use an EXACT number. DO NOT USE: approximate, plus or minus (+ -), up to, to be determined (TBD), < >, or any other qualifying language.**
- **Compliance plans not complying with these requirements shall be rejected as non-responsive.**

Second-Level Subconsultant	
City of Austin Certified?	No ☐ MBE ☐ WBE ☐ Ethnic/Gender Code:
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Second-Level Subcontract	%
Commodity codes/describe services	
First-Level Subconsultant	

Second-Level Subconsultant	
City of Austin Certified?	No ☐ MBE ☐ WBE ☐ Ethnic/Gender Code:
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Second-Level Subcontract	%
Commodity codes/describe services	
First-Level Subconsultant	

Second-Level Subconsultant	
City of Austin Certified?	No ☐ MBE ☐ WBE ☐ Ethnic/Gender Code:
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Second-Level Subcontract	%
Commodity codes/describe services	
First-Level Subconsultant	

Second-Level Subconsultant	
City of Austin Certified?	No ☐ MBE ☐ WBE ☐ Ethnic/Gender Code:
Vendor Code	
Address/ City / State / Zip	
Contact Person	Phone #:
Percent of Second-Level Subcontract	%
Commodity codes/describe services	
First-Level Subconsultant	

SECTION VII — MBE/WBE *COMPLIANCE PLAN* CHECK LIST

The MBE/WBE *Compliance Plan* must be completed and submitted by the time specified in the solicitation documents. If the goals or subgoals were not achieved, Good Faith Efforts documentation must be submitted with the MBE/WBE *Compliance Plan*. All questions in Section VII MUST be completed and submitted with the *Compliance Plan* if goals or subgoals are not met.

1. Were written notices sent to all MBE/WBEs from the Significant Local Business Presence availability list at least five (5) business days prior to the submission of this *Compliance Plan*?

   Yes ☐ No ☐

2. Is documentation of those written notices attached?

   Yes ☐ No ☐

3. Is written documentation of efforts to reach agreements with the MBE/WBEs who responded affirmatively to the Proposer's written notice attached?

   Yes ☐ No ☐

4. Is documentation of other efforts to meet the goals or subgoals attached?

   Yes ☐ No ☐

5. Were additional elements of work identified to achieve the goals or subgoals?

   Yes ☐ No ☐

   If yes, please explain: _____

   _____

6. Was SMBR or any other Minority or Women organization contacted for assistance?

   Yes ☐ No ☐

   If yes, complete following:

   Organization: _____

   Contact Person: _____

   Date of Contact: _____