**Section 1 – CONTACT INFORMATION**

**This form must be completed and submitted with**

**your Proposal/Application or your Pre-Contract Documents for Renewal**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROPOSAL | | CONTRACT RENEWAL | | | |
| RFP TITLE |  | MPER CONTRACT ID | |  | |
| START DATE |  | END DATE |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PROPOSER/APPLICANT OR CONTRACTOR NAME | | | |  | | | |
| MAILING ADDRESS | | | | | | | |
|  | | | | | | | |
| CITY |  | | STATE | |  | ZIP |  |
| WEBSITE | |  | | | | | |

|  |  |
| --- | --- |
| CONTACT PERSON - Please list the individual at your company who deals with MWDBE concerns. | |
| NAME |  |
| PHONE |  |
| FAX |  |
| EMAIL |  |

# Section 2 – MWDBE PARTICIPATION STATEMENT

**This form must be completed and submitted with**

**either your Proposal/Application or your Pre-Contract Renewal Documents.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check and Complete One:** | Proposal, **RFP TITLE**  Contract Renewal, then **MPER CONTRACT ID**       (Note a unique statement is required for each contract.)  Application, RFQ Title | | | | |
| **Name of Organization or Individual** | | | | | **Contact Person:** |
| **Address:** | | | **Phone Number:** | **Email:** | |
| **Tax ID #:** | | **Is Your Firm MWDBE Certified?**  **Yes**  **No**  **Certification Type:**  **MBE**  **WBE**  **DBE**  **Certifying Entity:** | | |  |

**Attach a copy of your certification if you are counting your company’s participation towards the MWDBE goals for this contract.**

**List below all MWDBEs that were solicited whether or not commitment was obtained.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MWDBE Sub Vendor Firm Name:** | | | | **Tax ID #:** | | **Contact Person:** |
| **Address:** | | | **Phone Number:** | | **Email:** | |
| **Certification Type:** **MBE** **WBE**  **DBE**  **Certifying Entity:** | | | | **Types of Subcontract Work or Materials:** | | |
| **Date Solicited:** | **Solicitation Method:**  **Phone**  **Email** | **Quote Received:**  **Yes**  **No** | | **Commitment Made:**  **Yes – Date:**  **No** | | **Amount Committed:**  **$ Amount:**  **% Of Total DHS Contract/Proposal:** |
| **Give Reason(s) If No Commitment Made:** | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MWDBE Sub Vendor Firm Name:** | | | | **Tax ID #:** | | **Contact Person:** |
| **Address:** | | | **Phone Number:** | | **Email:** | |
| **Certification Type:** **MBE** **WBE**  **DBE**  **Certifying Entity:** | | | | **Types of Subcontract Work or Materials:** | | |
| **Date Solicited:** | **Solicitation Method:**  **Phone**  **Email** | **Quote Received:**  **Yes**  **No** | | **Commitment Made:**  **Yes – Date:**  **No** | | **Amount Committed:**  **$ Amount:**  **% Of Total DHS Contract/Proposal:** |
| **Give Reason(s) If No Commitment Made:** | |  | | | | |

**Attach a copy of the certification of each MWDBE with whom a commitment has been made.**

**Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Copy this form as necessary.**

# Section 3 – MWDBE PARTICIPATION WAIVER REQUEST FORM

 **If you have not made a good faith effort you cannot request a waiver.**

**If a good faith effort to utilize MWDBE contractors and/or suppliers has been performed and you have not completely met the MWDBE goals of 13% MBE and 2% WBE, the following is required in order to request an MWDBE participation waiver:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **Detailed proof of your good faith effort:**  Please attach copies of your database search results and any other documentation illustrating that you have made a good faith effort to fulfill the County’s goals. | | | |
| **2** | **A brief description of what your business does/will do:** | | | |
|  | | | |
| **3** | **Are there any inventory or supplies necessary for the completion of this proposal/contract? Please answer yes or no. If yes, please provide a list of those items:** | | | |
|  | | | |
| **4** | **A copy of your company's business diversity policy:**  Please attach a copy of your company’s diversity policy that addresses good faith efforts to include MWDBEs on company letterhead. This request is for business diversity and not an Equal Employment Opportunity (EEO) policy that addresses workforce or employment (attached is a sample policy that may be used as a guide). If an active diversity policy does not exist, your company must be willing to develop and submit one within 45 days. If you need to request this 45-day extension, please do so below: | | | |
|  | | | |
| **5** | **A brief explanation as to why an MWDBE participation waiver is being requested:** | | | |
|  | | | |
| **Prepared by** | |  | **Title** |  |
| **Signature** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date** |  |

Every Organization/Individual contracting with or proposing to contract with DHS must submit their own Diversity Policy upon contract initiation and/or renewal. An MWDBE Diversity Plan is about purchasing services or goods, it is not an employment plan.

**Section 4 – Sample Diversity Policy**

You/Your organization must submit your own version of a policy.

It is the policy of XYZ Company to support the maximum practical utilization of certified MWDBEs by promoting diversity throughout our business practice. One way XYZ Company accomplishes this is by making a good faith effort to solicit the services of certified MWDBEs throughout our normal business practice, allowing maximum opportunity for MWDBEs to participate as subcontractors and/or suppliers.

Good faith efforts are made by searching MWDBE databases, contacting MWDBEs for relevant scopes of work and requesting quotes for services and/or supplies. Databases regularly searched are <https://paucp.dbesystem.com>/and www.dgs.internet.state.pa.us/suppliersearch[.](http://www.dgs.state.pa.us/) XYZ Company also partners with the following MWDBE organizations for assistance in locating MWDBEs: Agency 1, Agency 2, Agency 3.

To demonstrate XYZ Company’s commitment to include certified MWDBEs in its business process, MWDBEs we have worked with or are currently working with include:

MWDBE 1: Scope of Work

MWDBE 2: Scope of Work

MWDBE 3: Scope of Work