

City of Cincinnati

SUBCONTRACTING OUTREACH PROGRAM SUMMARY

The City of Cincinnati is committed to maximizing subcontracting opportunities for all qualified and available Small Business Enterprises (SBEs). The Subcontracting Outreach Program applies to City-funded construction contracts of \$100,000.00 or more.

There are two components of the Subcontracting Outreach Program:

- **SBE Subcontractor Participation:** This component requires bidders to make subcontracting opportunities available to small businesses certified in the City's SBE program at the minimum percentage stated in the bid invitation. To count towards the SBE participation goal, the SBE must be certified in the commodity code(s) that will be used on the project. A list of City-certified SBEs is available on the City's website at www.cincinnati-oh.gov or from the Office of Contract Compliance.
- **Outreach/Good Faith Efforts.** The SBE subcontractor participation component. This component requires bidders to provide evidence of outreach effort made to SBEs.

To be eligible for an award of this project, the City will first determine whether any bidder meets the stated minimum percentage of SBE subcontractor participation. The percentage is clearly stated in the bid invitation. In the event that no bidder meets the minimum SBE subcontractor participation goal, the City will score bidders' Outreach/Good Faith Effort.

Pursuant to the Subcontracting Outreach Program requirements the following items are included in the bid invitation and must be completed, signed and submitted in each bid; failure to complete these forms with all the pertinent- requested information may cause a bid to be determined as non-responsive for SBE review purposes:

1. **Statement of Good Faith Efforts (Form 2007)**
2. **Outreach/good Faith Summary Sheet (2007-a)**
3. **Subcontractor Utilization Plan (Form 2003)**

The following forms are included in the bid invitation for information purposes only and do not have to be completed or returned with the bid.

1. Form 2004 – Subcontractor Approval Request: (must be completed and submitted to the Contract Compliance Office after bid opening but prior to contract award).
2. Form 2005- Subcontractor Monthly Business Utilization Report: (must be submitted with monthly invoice).
3. Form 2006 - Subcontractor Substitution Form: (must be submitted for advance approval for any proposed change in subcontractors).

If you have any questions or need assistance in meeting these requirements, please feel free to contact the Office of Contract Compliance at (513) 352-3144.



**CITY OF CINCINNATI
SUBCONTRACTOR UTILIZATION PLAN
Bid Reference No. _____**

Form 2003

(SUBMIT WITH
BID/PROPOSAL)

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL

| | | | |
|---------------------------------|------------------------|---------------------------|---------------------------------|
| PROCUREMENT DESCRIPTION: | | DATE SUBMITTED: | TOTAL CONTRACT VALUE \$: |
| COMPANY NAME: | FEDERAL TAX ID# | ADDRESS/TELEPHONE: | |

THE ABOVE NAMED COMPANY PROPOSES TO USE THE SERVICES OF THE FOLLOWING LISTED FIRM (S) DEMONSTRATING SUFFICIENCY TO MEET OR EXCEED THE MANDATORY SUBCONTRACTING PARTICIPATION LEVEL. THE BIDDER MUST LIST ALL SUBCONTRACTORS, REGARDLESS OF AMOUNT OR SERVICE. FAILURE TO COMPLETE THIS FORM WITH ALL THE PERTINENT-REQUESTED INFORMATION (AS INDICATED IN EACH COLUMN) MAY CAUSE A BID TO BE DETERMINED AS NON-RESPONSIVE FOR SBE REVIEW PURPOSES.

| Name/Address/Telephone | Federal Tax ID# | Describe Exact Type Of Work /Supplier | Subcontract Dollars | Subcontract Percentage | FOR OFFICE USE ONLY (SBE CALCULATION) |
|------------------------|-----------------|---------------------------------------|---------------------|------------------------|--|
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I certify that the above information is true to the best of my knowledge. The company acknowledges and agrees that if awarded the contract the information provided on this Form 2003 shall be incorporated into the terms and conditions of the final contract between the City and the Company. I acknowledge and agree that any changes to the above information must be submitted in writing on the Substitution Form #2006 and approved in advance by the City.

| | | |
|------------------|--------------|-------------|
| Signature | Title | DATE |
|------------------|--------------|-------------|

**CITY OF CINCINNATI
STATEMENT OF GOOD FAITH EFFORTS**

Bid Number _____

By the signature below of an authorized company representative, we certify that we have utilized the following methods to obtain the maximum practicable participation by small business enterprises on this project. Please indicate which methods you used by placing an **X** in the appropriate place.

YOU MUST SUBMIT YOUR SUPPORTING DOCUMENTATION WITH YOUR BID. NEW INFORMATION WILL NOT BE ACCEPTED AFTER THE BID CLOSING DATE.

Minimum score required to establish “good faith” effort is 50 points.

- | | | |
|-------|---|------------------|
| _____ | Identified sufficient subcontracting work to meet goal (attach content of advertisements and written notices to subcontractors indicating type of work to be subcontracted). | 10 Points |
| _____ | Written Notice to Subcontractors (submit copy of each letter sent, or if one master notification, submit copy of letter and recipient list). | 15 Points |
| _____ | Follow-up to initial solicitations (submit copy of call logs). | 20 Points |
| _____ | Advertising (attach content of advertisements, which must include project name, bidder, work available, contact person’s name and number, information on availability of plans and specifications and bidder’s policy concerning assistance to subcontractors in obtaining bonds, credit lines and/or insurance; date of advertising and publications). | 15 Points |
| _____ | Assistance with bonds, credit lines, insurance (submit copy of advertising and written notices to subcontractors). | 30 Points |
| _____ | Provision of plans, specifications and requirements: Bidder provided interested sub-bidders with access to plans, specifications and requirements for subject project. | 5 points |
| _____ | Other (please list any other methods utilized that aren’t covered above). | 5 Points |
| | _____ | |
| | _____ | |
| | _____ | |

Company

Date

Company Representative (Name and Title)



**CITY OF CINCINNATI
OUTREACH/GOOD FAITH SUMMARY SHEET
Bid Reference No. _____**

(SUBMIT WITH
BID/PROPOSAL)

| | |
|----------------------|---------------------------|
| COMPANY NAME: | ADDRESS/TELEPHONE: |
| BID PACKAGE: | BID DATE: |

| Name/Address | Type Of Work/Service(s) Solicited | Indicate How Businesses Were Contacted (i.e. Letter, Phone, Fax) | Response To Solicitation (i.e. Will Submit Bid, No Response, Not Interested) | Company Representative | Telephone Fax Number |
|--------------|-----------------------------------|--|--|------------------------|----------------------|
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Please list the name(s) of all firms contacted, and their responses to the above Bid package. If additional space is required, this form may be duplicated.

I hereby certify that the above information is true and accurate.

_____ Company Representative (Name/Title)

_____ Date



**City of Cincinnati
SUBCONTRACTOR APPROVAL REQUEST**

FORM 2004

Statement of Intent to Utilize Firms

Bid Reference No. _____

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO CONTRACT OFFICER AFTER BID OPENING BUT
PRIOR TO CONTRACT AWARD.**

INFORMATION RECORDED HEREIN WILL BE INCORPORATED IN THE AWARDEES' CONTRACT

| | | | |
|---|----------------|---------|--------------|
| PROJECT NAME | | | CONTRACT NO. |
| City Agency Administering Contract | Contact Person | | Phone No. |
| Requesting Contractor | Federal Tax ID | Address | Zip Code |
| Authorized Representative | Title | | Phone No. |
| Prime Contractor (If not the same as above) | Federal Tax ID | Address | Zip Code |
| Prime Contractor E-Mail Address | | | |

SUBCONTRACTOR

| | | | |
|---------------------------|--|---------|-----------|
| SUBCONTRACTOR | Federal Tax ID | Address | Zip Code |
| Authorized Representative | Title | | Phone No. |
| E-Mail Address | Is SBE registered with the City of Cincinnati? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| ITEM NUMBER | DESCRIPTION OF WORK | SUBCONTRACT'S CONTRACT AMOUNT \$ | % OF TOTAL CONTRACT PRICE | ESTIMATEDS TART DATE | COMPLETION DATE |
|----------------------------|---------------------|----------------------------------|---------------------------|----------------------|-----------------|
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| Total Value of Work | | | | | |

SIGNATURES

| | |
|--|------|
| SUBCONTRACTOR | DATE |
| Requesting Contractor | DATE |
| Prime Contractor (If not the same as above) | DATE |
| Specialist Initial/Date Contract Compliance Officer | DATE |
| Contract Administering Agency | DATE |



**INSTRUCTIONS FOR COMPLETING
FORM 2005 SUBCONTRACTOR MONTHLY BUSINESS UTILIZATION REPORT
Record of Payments**

(This form may be photocopied by the Contractor/Subcontractor.)

Below are instructions on how to complete the Form 2005. This form is to be completed in its entirety by each prime contractor, signed and dated by a responsible official of the company, and submitted with each payment application. If these requirements are not met, your payment application will be delayed.

1. Project Name: Indicate official name of the project
2. Contract #: Indicate contract number issued by the City of Cincinnati
3. Company Name: Indicate company that is paying subcontractors
4. Federal Tax ID #: Indicate Federal Tax Identification or Social Security Number
5. Date Form Submitted: Indicate date the form is being submitted
6. Work Period Ending: Indicate date of work period ending
7. Address: Indicate address of company submitting form (include address, city, state and zip)
8. Contact Person: Indicate Company's contact person responsible for completing this form. (Include contact phone & fax #)
9. Subcontractor/Vendor ID#: Indicate Subcontractor name and Vendor ID#. All subcontractors (SBE & Non-SBE) providing services under this trade contract must be included
10. Street address, zip and phone: Indicate street address, zip and phone number for subcontractors.
11. Description of Work: Indicate description of work being provided
12. Total Subcontract Amount: Indicate Current Subcontract Amount. This amount must reflect revised contract values due to Change Orders, Allowance Appropriations and Accepted Alternates
13. Amount Paid for the Period: Indicate current amount compensated or become due for the period
14. Total Amount Paid to Date: Indicate total amount paid to date. Add the Amount Paid for the Period (for each period) to equal the Total Amount Paid to Date.
15. Percentage of Work Completed: Based on the dollar amount compensated to Subcontractor and material supplier. Take the Total Amount Paid to Date and divide the Total Subcontractor Amount and multiply that total by 100 to get the Percentage of Work Completed figure

See examples below:

- a. (1) Total Amount Paid to Date X (multiply by) 100 = % of Job completed by
(2) Total Subcontractor Amount.

- b. (1) \$37,458.00 X 100 + 74.91% or 75% of Job completed
(2) \$50,000.00

16. Schedule Start Date: Indicate Date Subcontractor will start
17. Scheduled End Date: Indicate Date Subcontractor will finish
18. Company Representative: Signature of person preparing form
19. Title: Official Title of person preparing form
20. Date: Indicate Date of Submittal



CITY OF CINCINNATI
SUBCONTRACTOR MONTHLY BUSINESS UTILIZATION REPORT
 Record of Payments
 Bid Reference No. _____

FORM 2005
 Revised 7/20/05
 (SUBMIT WITH MONTHLY VOUCHER)

THIS DOCUMENT MUST BE SUBMITTED WITH MONTHLY INVOICE

| | | | |
|---------------------------------|--|---|--|
| PROJECT NAME: CONTRACT#: | | DATE FORM SUBMITTED: WORK PERIOD ENDING: | |
| COMPANY NAME: | | ADDRESS: | |
| FEDERAL TAX ID#: | | CONTACT PERSON: | |

| Subcontractor/Vendor ID# (Street Address/Zip/Telephone) | Description Of Work | Total Sub-Contract Amount | Amount Paid For The Period | Total Amount Paid To-Date | Percentage Of Work Completed | Scheduled Start Date | Scheduled End Date |
|--|---------------------|---------------------------|----------------------------|---------------------------|------------------------------|----------------------|--------------------|
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The undersigned certifies that the information recorded above is correct, and that each of the representations set forth above is true. The undersigned further acknowledges that any misrepresentation hereon may result in termination of contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

Company Representative _____ **Title:** _____ **Date:** _____

