



City of Cincinnati NON-DISCRIMINATION POLICY

The City of Cincinnati is committed to a policy of non-discrimination pursuant to Section 1 of the Fourteenth Amendment to the United States Constitution, which guarantees equal protection of the laws to all citizens. It is further the policy of the City of Cincinnati that its purchasing and contracting practices not implicate the City as a passive participant in discriminatory practices engaged in by private contractors or vendors who seek to obtain business with the City. In furtherance of these policy objectives, the City seeks to afford to its citizens equal opportunities to do business on City contracts and to ensure that all bidders, proposers, vendors and contractors (collectively referred to herein as "bidders") doing business with the City provide to businesses owned and controlled by racial minorities and ethnic minorities and women, opportunities to participate on contracts which are paid, in whole or in part, with monetary appropriations from the City of Cincinnati.

The City of Cincinnati prohibits discrimination against any person or business in pursuit of these opportunities on the basis of race, color, sex, religion, disability or national origin. The City will conduct its contracting and purchasing programs so as to discourage any discrimination and will vigorously seek to resolve all claims of discrimination.

IF you are going to subcontract, you must complete, sign and return the following forms with your bid/proposal:

- Subcontractor Utilization Plan (Form 2003), must be completed and signed only for bids that include subcontracts,
- Statement of Good Faith Efforts (Form 2007), must be completed and signed only for bids that include subcontracts, and
- Outreach/Good Faith Efforts Form (Form 2007-a), must be completed and signed only for bids that include subcontracts.

If you are not going to subcontract, none of the SBE forms need to be completed.

The following forms are included in the bid invitation for information purposes only and do not have to be submitted with the bid/proposal:

- Form 2004 – Subcontractor Approval Request: (must be completed and submitted to the Contract Compliance Office after bid opening but prior to contract award).
- Form 2005- Subcontractor Monthly Business Utilization Report: (must be submitted with monthly invoice).
- 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 contact the Office of Contract Compliance at (513) 352-3144.



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

(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)

I certify that the above information is true to the best of my knowledge. I understand that any changes to the above must be submitted in writing on the Substitution Form and approved in advance by the City.

Signature	Title	DATE
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CITY OF CINCINNATI
STATEMENT OF GOOD FAITH EFFORTS

FORM 2007
(SUBMIT WITH BID/PROPOSAL)

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. _____**

**FORM 2007-A
7/20/05
(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

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
 Statement of Intent to Utilize Firms
Bid Reference No. _____

FORM 2004

**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	ESTIMATED START DATE	COMPLETION DATE
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 andzip)
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

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

Bid Reference No. _____

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

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: _____

