

## 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).

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.diversitycompliance.com](http://www.cincinnati.diversitycompliance.com) or from the Department of Economic Inclusion.
- **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 Department of Economic Inclusion after contract is awarded and prior to the Notice to Proceed).
2. Form 2005- Subcontractor Monthly Business Utilization Report: (must be entered on the online B2Gnow contracting modular <http://cincinnati.diversitycompliance.com> and 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 Department of Economic Inclusion at (513) 352-3144.



**CITY OF CINCINNATI**  
**SUBCONTRACTOR SBE/M/WBE UTILIZATION PLAN**  
 Solicitation Reference No. \_\_\_\_\_

**Form 2003**

(SUBMIT WITH  
 BID/STATEMENT OF  
 QUALIFICATIONS)

**THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR STATEMENT OF QUALIFICATIONS**

<b>PROCUREMENT DESCRIPTION:</b>	<b>DATE SUBMITTED:</b>	<b>TOTAL CONTRACT VALUE \$:</b>
<b>COMPANY NAME:</b>	<b>FEDERAL TAX ID#</b>	<b>ADDRESS/TELEPHONE:</b>

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/M/WBE REVIEW PURPOSES.

Name/Address/Telephone	Federal Tax ID#	Describe Exact Type Of Work /Supplier	Subcontract Dollars	Subcontract Percentage	MBE or WBE	FOR OFFICE USE ONLY (SBE CALCULATION)

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.

<b>Signature</b>	<b>Title</b>	<b>DATE</b>
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**CITY OF CINCINNATI  
STATEMENT OF GOOD FAITH EFFORTS**

**Solicitation 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)



Statement of Intent to Utilize Firms

Solicitation 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.	Fax No.	
E-Mail Address		Is SBE certified by 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 Administering Agency	DATE
Director of Economic Inclusion	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  
 Solicitation Reference No. \_\_\_\_\_

FORM 2005  
 (SUBMIT WITH MONTHLY VOUCHER)

**THIS DOCUMENT MUST BE SUBMITTED WITH MONTHLY INVOICE**

<b>PROJECT NAME:</b>	<b>DATE FORM SUBMITTED:</b>
<b>CONTRACT#:</b>	<b>WORK PERIOD ENDING:</b>
<b>COMPANY NAME:</b>	<b>ADDRESS:</b>
<b>FEDERAL TAX ID#:</b>	<b>CONTACT PERSON:</b>

Subcontractor/Vendor ID# <small>(Street Address/Zip/Telephone)</small>	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: \_\_\_\_\_



**CITY OF CINCINNATI**  
**SUBCONTRACTOR SUBSTITUTION**  
*Solicitation Reference No.*

**Form  
2006**

**THIS FORM MUST BE APPROVED BY THE DEPARTMENT OF ECONOMIC INCUSION PRIOR TO TERMINATING A CONTRACT WITH A SMALL BUSINESS ENTERPRISE (SBE) OR DISADVANTAGED BUSINESS ENTERPRISE (DBE) AFTER THE BIDS OR STATEMENTS OF QUALIFICATIONS HAVE BEEN SUBMITTED OR CONTRACT HAS BEEN AWARDED. CONTRACTOR MUST PROVIDE A WRITTEN EXPLANATION FOR THE SUBSTITUTION REQUEST. INFORMATION RECORDED HEREIN WILL BE INCORPORATED IN THE AWARDEES' CONTRACT.**

**Company Name:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date Submitted** \_\_\_\_\_

\_\_\_\_\_ will be substituted for \_\_\_\_\_ to perform work on  
*(Name of Subcontractor/Supplier)* *(Name of Subcontractor/Supplier)*

Or supply goods for the above described contract.

\_\_\_\_\_ will enter into a formal agreement for the work upon approval by the Owner and agrees with  
*(Subcontractor/Supplier)*

New Subcontractor/Supplier EIN#: \_\_\_\_\_ Circle Type of Business: SBE DBE MBE WBE NONE

**Attach a copy of the reason for SBE, MBE or WBE substitution**

ITEM NUMBER	DESCRIPTION OF WORK	SUBCONTRACT/P.O. PRICE	% OF TOTAL CONTRACT PRICE	START DATE	COMPLETION DATE
	<b>Total Value of Work</b>				

**Prime/General Contractor:**

**Signature of Company Representative** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **EIN#:** \_\_\_\_\_

**Subcontractor/Supplier Replaced: I relinquish my quote for the above contract.**

**Signature of Company Representative** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **EIN#:** \_\_\_\_\_

Request is Approved _____ Denied _____ _____ Date: _____ Authorized Signature: Economic Inclusion
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