

Department of Economic Inclusion (DEI) Compliance Requirements for FC Cincinnati



DEI Mission Statement

The Department of Economic Inclusion's goal is to ensure economic opportunity and inclusion for all citizens seeking to do business with the City of Cincinnati and serve as a catalyst for the growth of minority- and women-owned businesses in the City and throughout the region.

DEI Responsibilities

The Department of Economic Inclusion is responsible for administering, enforcing and monitoring of:

- Equal Employment Opportunity Program
- The Living Wage Program
- MBE/WBE/SBE certification programs
- Local, State and Federal Prevailing Wage Laws
- Prompt Payment
- Responsible Bidder Compliance
- Wage Enforcement

MBE, WBE and SBE Certifications

- ELBE - Emerging Local Business Enterprise
- SLBE - Small Local Business Enterprise
- SBE - Small Business Enterprise
- MBE - Minority Business Enterprise
- WBE - Women Business Enterprise



Small Business Certifications

SBE - Small Business Enterprise

- 3-year average annual gross revenues and number of employees do not exceed federally established limits
- Fixed office location in Hamilton County for at least 1 year
- Performs a commercially useful function
- Personal net worth limit of \$750,000
- Prime contracting opportunities under \$50,000
- Subcontracting opportunities for SBE certified firms on contracts of \$5,000 and above

Minority- and Women-Owned Business Certifications

MBE - Minority Business Enterprise

- At least 51% minority-owned
- Principal office or significant employee presence in Hamilton County
- Minority-owned and operated for one (1) year
- Subcontracting opportunities on contracts \$50,000 or more
- Price preferences available on supplies and non-professional services contracts bids
- Preference points available on responses to RFPs for professional services contracts

Minority- and Women-Owned Business Certifications

WBE - Minority Business Enterprise

- At least 51% woman-owned
- Principal office or significant employee presence in Hamilton County
- Woman-owned and operated for one (1) year
- Subcontracting opportunities on contracts \$50,000 or more
- Price preferences available on supplies and non-professional services contracts bids
- Preference points available on responses to RFPs for professional services contracts

Minority- and Women-Owned Business Certifications

MWBE - Minority Women Business Enterprise

- Meets the eligibility criteria for BOTH an MBE and a WBE
- Subcontracting opportunities on contracts \$50,000 or more
- May be counted EITHER toward the MBE subcontracting goal OR the WBE subcontracting goal on a contract
- Same price preferences and preference points as MBE and WBE

How to Apply

- ▶ Gather required business and personal records
- ▶ Complete an online application at:
www.cincinnati.diversitycompliance.com
- ▶ Respond to requests for information/records
- ▶ Submit to site visit

What is a Commercially Useful Function (CUF)

- ▶ Requires firm to take responsibility for the performance of a distinct element of work with its own resources
- ▶ Cannot serve merely as a broker of services unless brokerage services are specifically sought
- ▶ Cannot be an additional but otherwise unnecessary participant in a supply chain



FC CONTRACT COMPLIANCE REQUIREMENTS

Our Mission

- ▶ To guide you through the array of forms needed, post award !
- ▶ To show you how to correctly complete the forms !

And get you...

PAID !!



Prevailing Wage Rates

- ▶ State Prevailing Wage Rates will apply to the entire Development.
- ▶ State Building Rates will apply to the Private improvements, and all the Public Improvements except the ROW infrastructure improvements, which will require Heavy Highway rates.

City Inclusion Goals

- ▶ The City's overall arching goal is 30% to include MBE, WBE and SBE certified firms. The Developer has committed to achieving or reaching the City's established MBE/WBE program goals.

State Post Award Forms and Posters

Prevailing Wage Forms

- ▶ Subcontractor Approval Request form - Form 2004
- ▶ Prevailing Wage Notification to Employee or Union Affiliation Letter
- ▶ Apprenticeship Certificates, (if applicable)
- ▶ Affidavit of Contractor or Subcontractor Prevailing Wages - Final Affidavit (Form 104)
- ▶ Subcontractor Substitution Request Form 2006R - FC

Wage Enforcement Forms

- ▶ Contractor/Subcontractor Utilization Plan (WE-20)
- ▶ Affidavit Regarding Wage Theft/Payroll Fraud (WE-30)

Prevailing Wage Posters

- ▶ Equal Employment Opportunity
- ▶ City of Cincinnati Wage Enforcement Poster

Subcontractor Approval Request (Form 2004 - All)

The Red information is provided/completed by the hiring contractor.
 The Green information is provided/completed by the hired contractor.



CITY OF CINCINNATI
SUBCONTRACTOR APPROVAL REQUEST
 Statement of Intent to Utilize Firms

Form 2004 - All
 Rev 6/8/2017



Bid/Contract Reference No. **PSC1607x2019-00519**

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID SUBMITTAL.
INFORMATION RECORDED HEREIN WILL BE INCORPORATED IN THE AWARDEES' CONTRACT.

PROJECT Name DEI Office Remodel		CONTRACT NO. PSC1607x2019-00519	
City Agency Administering Contract DCED	Contact Person Bobby Smith	Phone No. 513-352-1111	
Requesting Contractor Smith Construction Co.	Federal Tax ID 13-111111111	Address 200 Smith Road, Ste., 300, Cinti., OH	Zip Code 45111
Authorized Representative Joe Smith	Title President	Phone No. 513-333-3333	
Prime Contractor (If not the same as above)	Federal Tax ID	Address	Zip Code
Prime Contractor Rep for Payments Ann Smith	Title A/R Compliance Specialist	Email Ann.Smith@smithconstruction.com	Phone No. 513-333-3333

SUBCONTRACTOR

SUBCONTRACTOR ABC Plumbing	Federal Tax ID 13-222222222	Address 300 Tolbert Road, Cincinnati, OH	Zip Code 45211
Authorized Representative Thomas Ross	Title Owner/General Manager of Construction	Phone No. 513-811-1111	
Subcontractor Rep for Payments Sally Jane Parker	Title A/R Clerk	Email Sparker@abcplumbinggmail.com	Phone No. 513-811-1111
Is company certified through the City of Cincinnati as an? (Circle Applicable): MBE WBE SBE ELBE SLBE			
Is company a Section 3 business (DCED Contracts Only)? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ITEM NUMBER	DESCRIPTION OF WORK	SUBCONTRACT AMOUNT \$	% OF TOTAL CONTRACT	ESTIMATED START DATE	COMPLETION DATE
	Install plumbing fixtures	\$25,000.00		1/1/2019	5/1/2019
Total Value of Work					

SIGNATURES

SUBCONTRACTOR Thomas Ross	DATE 10/12/2018
Requesting Contractor Joe Smith	DATE 10/13/2018
Prime Contractor (If not the same as above)	DATE
Economic Inclusion Staff	Director of Economic Inclusion
	DATE
Contract Administering Agency	DATE

Special Note: This is the only form that a supplier must complete!

DEI Staff Use: Debarment Check

Cincinnati List Ohio List Federal List Debarment Review Comments:

Prevailing Wage Notification to Employee

Special Note:
The Prevailing Wage Coordinator is always the person with the City's DEI Department assigned to the project.

PREVAILING WAGE NOTIFICATION to EMPLOYEE

§15.85: ...the contractor or subcontractor shall furnish each employee not covered by a collective bargaining agreement written notification of the job classification to which the employee is assigned, the prevailing wage determined to be applicable to the classification, separated into the hourly rate of pay and the fringe payments, and the identity of the prevailing wage coordinator appointed by the public authority. The contractor or subcontractor shall furnish the same notification to each affected employee every time the job classification of the employee is changed.

Project Name: DEI Office Remodel	Job Number: PSC1607x2019-00519
Contractor: ABC Plumbing, LLC	
Project Location: 40 Ford Street, Cincinnati, Ohio 45223	
Job site posting of prevailing wage rates located: Foreman's Project Truck	

Prevailing Wage Coordinator	Employee
Name: Dionne Cherry (City Staff Name)	Name: Harry Brown
Street: 805 Central Avenue, Suite 610	Street: 8145 Lacey Street
City: Cincinnati	City: Cincinnati
State/Zip: Ohio / 45202	State/Zip: Ohio 45211
Phone: 5133523144 (City Staff)	Phone: 5138053638

You will be performing work on this project that falls under these classifications.
You will be paid the appropriate rate for the type of work you are performing.

Classification	Prevailing Wage Rate (incl. Fringe)	Minus your fringe benefit	Your hourly base rate
Laborer	42.62	12.00	30.62
	0.00		
	0.00		
	0.00		
	0.00		
	0.00		

Hourly fringe benefits paid on your behalf by this company

Fringe	Amount	Fringe	Amount
Health Insurance	5.00	Vacation	
Life Insurance	2.00	Holiday	
Pension	5.00	Sick Pay	
Bonus		Training	
Other		Total Hourly Fringes	12.00

Contractor's Signature * <i>Sally Jane Parker</i>	Date: 12/20/2018
Employee's Signature * <i>Harry Brown</i>	Date: 12/20/2018

* Please ensure that all required signatures have been executed on this document prior to submittal.
Wfpw1512 Notification to Employee

Union Affiliation Letter



International Union of Operating Engineers

LOCAL 18 AND ITS BRANCHES • SERVING OHIO

THIRTY-FIVE FIFTEEN PROSPECT AVENUE • CLEVELAND, OHIO 44115-2648

(216) 432-3138

FAX: (216) 432-0370

Tom Jones
Union Business Manager

April 2, 2019

via email SallyJParker@plumbing.com and U. S. Mail

ABC Plumbing, LLC
300 Tolbert Road
Cincinnati, Ohio 45211


To Whom It May Concern:

Please allow this letter to serve as notice that the International Union of Operating Engineers, Local 18 finds *ABC Plumbing, LLC* ("ABC") to be in good standing.

ABC's benefits are paid through September 2019, remittances and compliance with all of our financial requirements are made in a timely manner, and there are no pending grievances.

If I can be of further assistance, please do not hesitate to contact me at (216) 432-1111.

Sincerely,


Tom Jones
Union Business Manager

TJ/gj

Apprenticeship Certificate

**U.S. DEPARTMENT OF LABOR - OFFICE OF APPRENTICESHIP
APPRENTICESHIP CERTIFICATION**

ABC Plumbing, LLC
300 Tolbert Road
Cincinnati, Ohio 45211

The following individuals are apprentices registered with the U.S. Department of Labor, Office of Apprenticeship, under the sponsorship of program **OH008060010 - CONSTRUCTION CRAFT LABORERS HEAVY HIGHWAY / BUILDING**:

CONSTRUCTION CRAFT LABORERS HEAVY HIGHWAY / BUILDING
152 DORCHESTER SQUARE
WESTERVILLE, OH 43081

Apprentice ID	SSN	Apprentice Name	Occupation	Date Apprenticeship Began	Date Cancelled	Date Completed
OH201800000*		BELL, HOWARD	CONSTRUCTION CRAFT LABORER (0661 VI) Time-Based	5/23/2018		



Certified by the U.S. Department of Labor

Date Issued: 4/4/2019

****VOID 90 DAYS FROM ISSUE DATE****

This certificate expires in 90 days from the date of issuance, but DEI's policy is 6 months, which is 180 days.

Affidavit of Contractor or Subcontractor Prevailing Wage Form 104 (Final Affidavit)

Form OCC 104 (12/99)

AFFIDAVIT OF CONTRACTOR OR SUBCONTRACTOR PREVAILING WAGES

I, Sally Jane Parker, A/R Clerk
(Name of person signing the affidavit) (Title)
of the ABC Plumbing, LLC, do hereby certify that the wages paid to
all employees for the full number of hours worked in connection with City Contract No. PSC 607x2019-00519
for DEI Office Remodel
(description of project)
during the following period from 01/01/2019 to 05/01/2019
(date) (date)

This is the date the contractor starts work on the project.
This date aligns with the submitted certified payrolls

This is the date the contractor completes their work on the project.
This date aligns with the submitted certified payrolls.

are in accordance with the prevailing wages prescribed by the contract documents.

I further certify that no rebates or deductions from any wages due any person have been directly or indirectly made other than those provided by law.

Sally Jane Parker
(Signature of Officer or Agent)

Sworn to and subscribed in my presence this 1st day of
May 2019.



Dionne M. L. Cherry
Notary Public, State of Ohio
Commission Expires 11-15-2020

Dionne M. L. Cherry
NOTARY PUBLIC

NOTICE CONCERNING AFFIDAVIT FORM

The above affidavit must be executed by the officer or agent of the contractor or subcontractor who supervises the payment of employees and notarized, before the City will release the surety and/or make final payment due under the terms of the contract.

Subcontractor Substitution Request Form 2006R - FC



DEI Form 2006R - FC
Rev 8/16/2019

SUBCONTRACTOR SUBSTITUTION REQUEST FORM 2006R - FC

Bid/Proposal/Contract Reference No. _____

This form must be approved by the Department of Economic Inclusion prior to terminating a contract with an MBE/WBE/SBE/SLBE/ELBE subcontractor once the bid has been opened or the proposals have been submitted.

Prime Contractor Information:

Prime Contractor Name: _____ Contract Title: _____

Name of Authorized Representative for Prime Contractor: _____

Email: _____ Phone: _____

Signature of Authorized Representative: _____ Date: _____

For Subcontractor Substitution Requests:

	Subcontractor Name	Work Description	Total Subcontract Amount	MBE/WBE/SBE/SLBE/EBLE
Current Subcontractor				
Proposed Substitution				

Explanation of the reason for the Substitution Request: _____

Name of Authorized Representative for Proposed Substitution: _____

Signature of Authorized Representative: _____ Date: _____

State

- ▶ Form is submitted to DEI when the prime contractor is substituting a certified subcontractor with another certified subcontractor.

DEI Form WE-30

Affidavit Regarding Wage Theft or Payroll Fraud

Page 1



DEI Form WE-30
Rev 8.28.2017

AFFIDAVIT REGARDING WAGE THEFT OR PAYROLL FRAUD

SECTION 1: Information for Developer/Contractor/Subcontractor Completing this Affidavit

- A. Business Name: Smith Construction Co.
- B. Business Address: 25 Parker Lane, Cincinnati, Ohio 45236
- C. Principal/Primary Owner's Name: Joe Smith
- D. Principal's Contact: Phone: 513-333-333 Email: Joe.Smith@smithconstruction.com
- E. Project Manager's Name for Project Identified in Section 2: Bob Carter
- F. Project Manager's Contact: Phone: 513-208-7211 Email: BobCarter@smithconstruction.com
- G. For the business identified in 1.A. above, list all parent or sibling companies, subsidiaries or other affiliated businesses that have some commonality of ownership, and indicate relationship (attach additional sheets if necessary): N/A

SECTION 2: Development Site/Project (for non-Development projects respond N/A to 2.B)

- A. Project Name: DELOffice Remodel Contract Number: PSC1607x2019-00519
- B. Site Address: 40 Ford Street, Cincinnati, Ohio 45223 Developer: Spoor Development Co.
- C. General Contractor: Smith Construction Co.
- D. Work to be Performed: General Contractor/Management of Project
- E. Estimated Dates of Work: Beginning: 12/1/2018 Ending: 12/31/2020
- F. If work described above will be performed as a contractor or subcontractor for other than the Developer or General Contractor, provide the following information for the contractor for which you will be working:
Contractor Name: N/A
Contractor Address: _____
Principal/Primary Owner's Name: _____
Principal's Contact: Phone: _____ Email: _____

Page 2



DEI Form WE-30
Rev 8.28.2017

SECTION 3: Prior Adverse Determinations of Wage Theft or Payroll Fraud (select one):

- A. In the immediately preceding 3 years there have been no Adverse Determinations of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) against the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in Section 1 above.
- B. In the immediately preceding 3 years there have been a total of _____ Adverse Determinations of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) against the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in Section 1 above. For each such Adverse Determination, provide the following information (use additional sheets as necessary):

Date of Adverse Determination	Agency Making Determination	Describe Specific Violation(s) as Determined by Agency	Violation Fully Resolved? Y/N	*

*For any Adverse Determination made against a firm other than the firm identified in 1.A. above, check the box in the last column and list the name of the firm against which the Adverse Determination was made and the name and contact information of the primary owner:

SECTION 4: Certification

I hereby certify under penalty of perjury that I have personal knowledge of the statements made herein on behalf of the firm identified in 1.A. above, and that the statements are true and accurate to the best of my knowledge and belief.

Signature: Joe Smith
Printed Name: Joe Smith Title: President

Sworn to before me and subscribed in my presence by Margie Stewart as his or her free and voluntary act this 26th day of December, 2018.



Margie Stewart
Notary Public
My Commission Expires: 11/18/2020



Wage Enforcement Forms

- **WE-20 Contractor/Subcontractor Utilization Plan**
- **WE-30 Affidavit Regarding Wage Theft or Payroll Fraud**
- WE-40 Supplemental Affidavit Regarding Wage Theft or Payroll Fraud
- WE-50 Complaint of Wage Theft or Payroll Fraud
- WE-60 Report of Wage Theft or Payroll Fraud Complaint Filed with State or Federal Agency
- WE-70 Notice of Appeal or Other Contest of Adverse Determination of Wage Theft or Payroll Fraud



It's the law!!!!

This City of Cincinnati Wage Enforcement Poster **Must** be posted on the Construction Site throughout the entire construction phase!

City of Cincinnati Wage Enforcement

City of Cincinnati Wage Enforcement Ordinance
Chapter 326 of the Municipal Code of Ordinances

Legislative Intent and Purpose
Sec. 326-1

It is the purpose of [Chapter 326 of the Cincinnati Municipal Code] to assure that city incentives support development that complies with local, state and federal wage and payroll laws, thereby ensuring that workers receive proper compensation for their work. Where there are violations of those local, state and federal wage and payroll laws on city-supported developments, this chapter obligates any parties involved in the development who know about the violations to report them. This chapter also communicates to parties receiving incentives from the city that if they or their contractors or subcontractors violate wage or payroll laws, the city intends to recoup its investment to the extent allowed under the laws and regulations governing those city-sponsored incentives.

Complaint
Sec. 326-2-C2

"Complaint" shall mean a report made to the city or any governmental agency having relevant jurisdiction that a person, or any contractor or subcontractor working under an agreement or on a development site, has committed wage theft or payroll fraud. A complaint may be such a report submitted to the U.S. Department of Labor, the Ohio Department of Commerce, or another body with authority to investigate and adjudicate such reports, which comes to the attention of the city.

Any and all parties involved in an Agreement or a Development Site who become aware of any incident of Wage Theft or Payroll Fraud associated with work performed under an Agreement or on a Development Site must report such Wage Theft or Payroll Fraud.

**This
Development
Site is subject
to the City's
Wage
Enforcement
Ordinance**



Sec. 326-2-P1

"Payroll Fraud" shall mean any of the following:
a) Concealing an entity's true tax or other financial liability to a government agency from government licensing, regulatory, or taxing agencies through tax evasion or fraud;
b) Misclassification of employees;
c) The unreported or underreported payment of wages;
d) Paying a business transaction in cash without keeping appropriate records of reporting and withholding; or
e) Committing a violation of local, state or federal wage or payroll laws by any other means.

Wage Theft
Sec. 326-2-W

"Wage Theft" means a violation of the Ohio Prompt Pay Statute, O.R.C. 4113.15; the Ohio Minimum Fair Wage Standards Act, O.R.C. Chapter 4111; Ohio's Minimum Wage Constitutional Amendment, Section 34a of Article II of the Ohio Constitution; O.R.C. Chapters 4109 or 4115; O.R.C. Sections 4113.17, 4113.18, 4113.52, or 4113.61; any federal statute or regulation comparable to the aforementioned Ohio statutes; any statute or regulation of another state that may apply to a particular agreement; or the city's living wage requirements in Cincinnati Municipal Code Chapter 317; or any successor to any of these laws or regulations

Complaints may be filed with or reported to the City:

In Person at:
City of Cincinnati
Department of Economic Inclusion
Two Centennial Plaza
805 Central Avenue, Suite 610
513-352-3144

Or Electronically at:
dei@cincinnati.oh.gov



DEI Resources

Ordinances and Regulations

<https://www.cincinnati-oh.gov/inclusion/ordinances-and-regulations/>

Wage Oversight & Compliance

<https://www.cincinnati-oh.gov/inclusion/wage-oversight-compliance/>

Forms

<https://www.cincinnati-oh.gov/inclusion/forms/>

State of Ohio Apprenticeship website: [Apprentice.Ohio.gov](https://www.apprentice.ohio.gov)



Department of Economic Inclusion Contact Information

Department of Economic Inclusion

- Link to our webpage: <https://www.cincinnati-oh.gov/inclusion/>
- Email Address: Dei@cincinnati-oh.gov
- Main Office: (513) 352-3144

