MINORITY, WOMEN'S AND INDIANA VETERAN OWNED BUSINESS ENTERPRISES PARTICIPATION PLAN FOR PUBLIC WORKS PROJECTS

CONTRACT GOALS 7% MBE 5% WBE 3% IVOSB

When a bidder submits a Minority, Women's and Indiana Veteran Owned Business Enterprises Participation Plan (Plan) in accordance with IC 4-13-16.5, 25 IAC 5, 25 IAC 9, and the IDOA DSD Public Works Construction Projects Policy, the bidder will be held to those commitments. The Plan must show that there are Minority Business Enterprises (MBE), Women's Business Enterprises (WBE), and Indiana Veteran Owned Small Business Enterprises (IVOSB), as listed in the Indiana Department of Administration's Division of Supplier Diversity's directory of certified firms, participating in the public works project. Bidders must indicate the name of the MBE, WBE and IVOSB subcontractor with which it will work, the contact name and phone number at the firm(s), the service(s) and/or supplies provided by the firm(s), the specific percentage of the bid that will be directed toward each firm, and the approximate dates for utilization these supplies and/or services. The Indiana Department of Administration reserves the right to verify all information included in the Plan.

All prime contractors, including MBE, WBE and IVOSB prime contractors, are expected to meet the contract goals through use of subcontractors. Per 25 IAC 9-4-1(c), "IVOSB primes shall receive credit toward the contract goal for the use of its own workforce." But, pursuant to 25 IAC 5-6-2(d), "MBE and WBE prime contractors will get no credit toward the contract goal for the use of their own workforce."

Bidders may contact the Division of Supplier Diversity ("DSD") if they have any questions regarding their Plan. A complete list of all currently certified MBEs, WBEs, and IVOSBs may be found using this link: http://www.in.gov/idoa/mwbe/2743.htm.

Minority, Women's and Indiana Veteran Owned Business Enterprises Participation Letter of Commitment

A signed letter(s), on company letterhead, from the MBE, WBE and/or IVOSB must accompany the Plan. This letter(s) shall state and will serve as acknowledgement from the MBE, WBE and/or IVOSB of its amount of participation, the scope of products and/or services, and approximate date these products and/or services will be utilized.

By submission of the proposal or bid, the bidder acknowledges and agrees to be bound by the regulatory processes involving the State's MBE, WBE and IVOSB Programs. Questions involving the regulations governing the Plan should be directed to DSD's Compliance Unit at 317/232-3061 or mwbecompliance@idoa.in.gov.

MBE/WBE and IVOSB PARTICIPATION PLAN

BID/PROJECT # _____ DUE DATE_____

BIDDER _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE ( ) _____

The following DSD Certified Businesses will be participating in the public works project:

COMPANY NAME	MBE WBE IVOSB	Contact Name & PHONE	SCOPE OF PRODUCTS/SERVICES	UTILIZATION DATE (S)	% OF TOTAL BID

*If additional room is necessary, indicate here____. Please attach a separate page.

THIS DOCUMENT MUST BE INCLUDED IN YOUR BID PACKAGE ALONG WITH THE COMPLETED LETTER(S) OF COMMITMENT.

If the levels of participation do not reach the goals of the project, Bidder should continue to the Good Faith Efforts Worksheet and Request for GFE Review.

Indiana Department of Administration, Public Works Division
PRIME BIDDER GOOD FAITH EFFORTS (GFE) WORKSHEET

BIDDER NAME _____ BID/PROJECT NUMBER _____

BUSINESS ADDRESS _____

EMAIL _____

PHONE NUMBER _____

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This worksheet is to be used to assist you in meeting the subcontracting participation goals. If your bid does not meet the goals or partially meets the goals, this form, along with the **Request for GFE Review**, shall be submitted with your BID PACKAGE.

Company Name and Address	MBE	WBE	IVOSB	Date of Contact	Date of Response	Goods or Services Requested	Result (Include Price Quote)

DESCRIBE FURTHER EFFORTS:

DSD Assistance	Describe
Advertisement	Describe
Agency Assistance	Describe
Other Criteria	Describe

***If additional room is necessary, indicate here _____. Please attach a separate page.**

REQUEST FOR GOOD FAITH EFFORTS (GFE) REVIEW

BIDDER NAME _____ BID/PROJECT NUMBER _____

BUSINESS ADDRESS _____

EMAIL _____

PHONE NUMBER _____

BIDDER IS REQUESTING (check all that apply)

☐ **MBE** – A review of Bidder's GFE toward the MBE goal for this solicitation is requested.

☐ **Total** ☐ **Partial _____ %**

☐ **WBE -** A review of Bidder's GFE toward the WBE goal for this solicitation is requested.

☐ **Total** ☐ **Partial _____ %**

☐ **IVOSB –** A review of Bidder's GFE toward the IVOSB goal for this solicitation is requested.

☐ **Total** ☐ **Partial _____ %**

Submission of this form constitutes the Bidder's acknowledgement and agreement to comply with the M/WBE and IVOSB requirements set forth in IC 4-13-16.5, 25 IAC 5, and 25 IAC 9.

I affirm, under penalties of perjury, the information contained in this form is true and accurate.

Signature: _____

Printed name & title: _____

FOR AUTHORIZED USE ONLY
Date received: _____
Reviewed by: _____
Date returned to bidder: _____
GOOD FAITH EFFORTS ☐ **Approved** ☐ **Not Approved**
COMMENTS: _____
_____