

**AMENDED - JUNE 25, 2025**

# Appendix D



## **I. General Provisions**

- A. The Department is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 140-145 (“MWBE Regulations”) for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The contractor to the subject contract (the “Contractor” and the “Contract,” respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to the Department, to fully comply and cooperate with the Department in the implementation of New York State Executive Law Article 15-A. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for certified minority and women-owned business enterprises (“MWBEs”). The Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings as allowed by the Contract.

## **II. Contract Goals Amended**

- A. For purposes of this procurement, the Department hereby establishes New York State certified minority-owned business enterprises (“MBE”) **15%** participation and New York State certified women-owned business enterprises (“WBE”) **15%** participation (collectively, “MWBE Contract Goals”) ~~Based on the project services which are part of the Department’s Exclusion list.~~

## **III. Equal Employment Opportunity (EEO)**

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the “work”) except where the work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment



opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid a **Form EEO 100** Staffing Plan identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the Department, a workforce utilization report **Form EEO 101** Workforce Utilization Report identifying the workforce actually utilized on the Contract if known.

In accordance with Executive Order 162, issued on January 9, 2017, when the prime contract is in excess of \$25,000, the contractor shall provide to the Department – on a quarterly, calendar-year basis – detailed workforce utilization reports of the contractor and each subcontractor that include, in addition to equal employment opportunity information, the job title and salary of each employee directly performing work on a State contract. Detailed workforce utilization reports, as required above, shall be submitted in such form and in such manner as shall be required by the Department

If the contractor cannot identify the individuals working directly on a State contract, then the contractor and each subcontractor shall provide such information of each employee in the contractor's entire workforce.

This provision shall not relieve the contractor's responsibility to submit payroll certification as it may be elsewhere required in this contract.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The contractor shall include these provisions in every subcontract so that such provisions shall be binding upon each subcontractor.

*NOTE: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract,*



*leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.*

**PARTICIPATION OPPORTUNITIES FOR NEW YORK STATE CERTIFIED SERVICE-DISABLED VETERAN OWNED BUSINESSES**

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses ("SDVOBs"), thereby further integrating such businesses into New York State's economy. The Department recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of the Department contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, the Department encourages the use of good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Contractor is encouraged to contact the Office of General Services' Division of Service-Disabled Veteran's Business Development at 518-474-2015 or [VeteransDevelopment@ogs.ny.gov](mailto:VeteransDevelopment@ogs.ny.gov) to discuss methods of maximizing participation by SDVOBs on the Contract.

# Appendix D



Department of  
Civil Service

## FORM MWBE-100 UTILIZATION PLAN:

INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (MWBE) identified by the Offeror. Please note: If you have any questions on this form or any other M/WBE issue, please contact: DCSMWBECoordinator@CS.NY.GOV.

Offeror Name:			Federal Identification No.:	
Address:			Solicitation No.:	
City, State, Zip Code:			MWBE Goals for this Solicitation: MBE 15%WBE: 15%	
1. MWBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary.)	5. Dollar Value of Subcontracts/Supplies
A.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
6. WAIVER REQUESTED: MBE: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit form MWBE-101 WBE: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit form MWBE-101				
PREPARED BY (Signature)		TELEPHONE NO.:	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):				
DATE: Offeror's Certification Status: MBE _____ WBE _____				
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.		FOR DEPARTMENT USE ONLY		
		REVIEWED BY:	DATE:	
		UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:		
		MBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
		WBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
		WAIVER GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver		
		NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
		Date:		



## STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

<b>Solicitation No.:</b>	<b>Reporting Entity:</b>	<b>Report includes Contractor's/Subcontractor's:</b> <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force
<b>Offeror's Name:</b>	<input type="checkbox"/> Offeror <input type="checkbox"/> Subcontractor <b>Subcontractor's name</b> _____	
<b>Offeror's Address:</b>		

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender			Work force by Race/Ethnic Identification																				
		Total	Total	Total	White			Black			Hispanic			Asian			Native American								
		Male	Female	X	White			Black			Hispanic			Asian			Native American			Disabled			Veteran		
		(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)	(M)	(F)	(X)
Officials/Administrators																									
Professionals																									
Technicians																									
Sales Workers																									
Office/Clerical																									
Craft Workers																									
Laborers																									
Service Workers																									
Temporary /Apprentices																									
Totals																									

<b>PREPARED BY (Signature):</b>	<b>TELEPHONE NO.:</b> <b>EMAIL ADDRESS:</b>	<b>DATE:</b>
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>	Submit completed with bid or proposal MWBE 101 (Rev 03/11)	

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (MWBE 101) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the OMWBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES**

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** Male, Female, or X





[illegible]

## Instructions

Field	Instructions
<i>Reporting Entity</i>	Select either contractor or subcontractor
<i>Contractor Name</i>	Name of contractor performing the work on the contract for which this report is being completed
<i>Contractor Address</i>	Address of the contractor indicated in the Contractor Name field
<i>Project Name/Number or Contract Number</i>	Indicate one of the following: 1. Name of the project for which this report is being submitted 2. Number of the project for which this report is being submitted 3. Number of the NYSHCR contract for which this report is being submitted
<i>Reporting Period - Select One</i>	Select the quarter for which this report is being submitted
<i>Reporting Month - Select One</i>	This field is applicable to <b>construction</b> projects only. Indicate the month for which this report is being submitted
<i>Workforce Identified in Report</i>	If this form is being submitted during the performance of a contract, check the box marked "Workforce Utilized in Performance of Contract". If this form is being submitted prior to the performance of a contract, indicate "Contractor/Subcontractor's Total Workforce".
<i>Preparer's Name</i>	Indicate the name of the person who prepared this form
<i>Preparer's Title</i>	Indicate the title of the person who prepared this form
<i>Date</i>	Indicate the date this form was prepared
<i>Occupation Classifications (SOC Major Group)</i>	Using the provided dropdown, indicate the occupation type.
<i>SOC Job Title</i>	Select the job title for which you are providing demographic information. Some titles may not be in the occupation classification expected. For example, if you are looking for a title relating to excavation, this is classified as "Transportation and Material Moving" instead of "Construction and Extraction".
<i>EEO Job Title</i>	This field fills in automatically. No entry is required.
<i>SOC Job Code</i>	This field fills in automatically. No entry is required.
<i>Race/Ethnicity</i>	Select the race/ethnicity of the employee(s) for which you are providing information.
<i>Gender</i>	Select the gender of the employee(s) for which you are providing information.
<i>Number of Employees</i>	Indicate the number of employees you are providing information for during the reporting period based on the previously selected demographic and job title information.
<i>Number of Hours Worked</i>	Indicate the total number of hours worked during the reporting period for the employees indicated in the "Number of Employees" field.
<i>Total Compensation</i>	Indicate the total amount employees indicated in the previous fields were paid for the reporting period.



**MWBE-103 CONTRACTOR QUARTERLY  
COMPLIANCE REPORT:**

**INSTRUCTIONS: BEGINNING AFTER A CONTRACT IS AWARDED, QUARTERLY COMPLIANCE REPORTS ARE DUE QUARTERLY NO LATER THAN THE 15TH DAY AFTER THE END OF THE QUARTER (ASSUMING THAT SERVICES HAVE BEEN PROVIDED).**

Contractor's Name: [REDACTED] Federal Identification No.: [REDACTED]

Address: [REDACTED] Contract / PO No.: [REDACTED]

City, State, Zip Code: [REDACTED] Date & Quarter: [REDACTED]

Telephone No.: [REDACTED]

AS EVIDENCE OF THE PROGRESS MADE TOWARDS ACHIEVEMENT OF THE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) GOAL(S), CONTRACTOR IS REQUIRED TO COMPLETE AND SUBMIT THE FOLLOWING FOR EACH MBE OR WBE. (PLEASE USE A SEPARATE FORM FOR EACH MBE OR WBE.)

1. Copy(ies) of the written agreement with certified M/WBEs, or provide an attestation that the written agreement includes the provisions of Article 15-A, of the New York State Executive Law §310-318, as required by the primary Contractor's Agreement with the Department (submit with first quarterly report, and upon any update to any subcontractor agreements).

2. List below the name, address and telephone number(s) of the certified M/WBE(s) utilized during the preceding quarter:

Name: [REDACTED]

Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone Number: [REDACTED]

Location of Work Performed: [REDACTED]

3. Description of the work performed by the certified M/WBE (attach separate sheet if needed): [REDACTED]

4. Scheduled dates for performance of the work by the certified M/WBE: [REDACTED]

5. Actual total cost of the contract work performed by the certified M/WBE: [REDACTED]

6. Actual total amount(s) of any payments made over the life of the contract by the Contractor to the certified M/WBE as of the date the compliance report is being submitted: [REDACTED]

PREPARED BY (Signature):

DATE: [REDACTED]

**SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE STATE CONTRACT.**

NAME AND TITLE OF PREPARER  
(Print or Type):  
[REDACTED]

TELEPHONE NO.:  
[REDACTED]

EMAIL ADDRESS:  
[REDACTED]

Quarterly reports should be submitted to the following address:  
New York State Department of Civil Service  
MWBE Unit, 17<sup>th</sup> Floor  
Albany, NY 12239  
Fax (518) 473-3354

**FOR DEPARTMENT OF CIVIL SERVICE USE ONLY:**

REVIEWED BY:

Date:



Department of  
Civil Service

## MWBE 101- Vendor Waiver Request Form

**INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.**

**Offeror/Contractor Name:**

**Federal Identification No.:**

**Address:**

**City, State, Zip Code:**

**By submitting this form and the required information, the company certifies that every Good Faith Effort has been taken to promote MWBE participation pursuant to the MWBE requirements set forth under the Procurement/Contract.**

**Offeror/Contractor is requesting a:** ☐ **Total** ☐ **Partial** ☐ **Certification** ☐ **Conditional**

1. ☐ **MBE Waiver – A waiver of the MBE Goal for the Procurement/Contract is requested.**
2. ☐ **WBE Waiver – A waiver of the WBE Goal for the Procurement/Contract is requested.**
3. ☐ **ESD Certification Waiver – A waiver of the requirement that the MBE/WBE be certified by Empire State Development (ESD). (Check here if MBE/WBE is NOT ESD certified.)**  
  
☐ **Checking this box, if an application for certification has been filed with Empire State Development.**
4. ☐ **Conditional Waiver – (Attach separate sheet outlining special conditions or extenuating circumstances.)**

**Prepared By (Signature)**

**Date**

**Printed or Typed Name and Title of  
Preparer:**

**Telephone Number**

**Email Address**

**SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION AND/OR TERMINATION OF THE CONTRACT.**

**\*\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*\***

**REVIEWED BY:**

**DATE:**

**Waiver Granted:** ☐ **YES** ☐ **NO**  
☐ **Total Waiver** ☐ **Partial Waiver**  
☐ **ESD Certification Waiver** ☐ **Conditional**  
☐ **Notice of Deficiency Issued – Date:** \_\_\_\_\_

**\*Comments:**



Department of  
Civil Service

## MWBE 101- Vendor Waiver Request Form

### MWBE REQUIREMENTS AND WAIVER SUBMISSION

**When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. Copies of the following information and all relevant supporting documentation must be submitted along with the request:**

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and MWBE-oriented publications in which you solicited MWBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for MWBE participation were published in any of the above publications.
4. A list of all MWBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your MWBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all MWBEs.
6. Provide copies of responses made by MWBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to MWBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the MWBEs undertaken for purposes of complying with your MWBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of Offeror's/Contractor's representative authorized to discuss this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

**Note: Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the procurement and/or contract, as deemed appropriate by the Department, to determine MWBE compliance. In cases where the Department grants a full or partial waiver of MWBE participation goals, the waiver request will be posted to the Department's website.**