Tax ID #: _____ PIN #: 260090TASRFP

THE CITY OF NEW YORK

SCHEDULE B – Subcontractor Utilization Plan – Part I: Agency's Target

This page to be completed by contracting agency

Contract Overview

Pin #	260090TASRFP	**FMS Project ID#:**	
Project Title	Technical Assistance		
Contracting Agency	Department of Youth and Community Development		
Agency Address	156 William Street	**City**	New York
State	NY	**Zip Code**	10038
Contact Person	Daniel Symon	**Title**	Agency Chief Contracting Officer
Telephone #	(212) 442-5982	**Email**	dsymon@dycd.nyc.gov

Project Description *(attach additional pages if necessary)*

DYCD is seeking qualified vendors to provide technical assistance to DYCD contractors providing services in the following areas: after-school programs, family-focused programs, youth workforce development programs, programs for youth with special needs and discretionary programs. The fundamental purpose in providing technical assistance is to raise and sustain program quality for the benefit of program participants.

(1) ✓ **Target Subcontracting Percentage**
Percentage of total contract dollar value that agency estimates will be awarded to subcontractors in amounts under $1 million for construction and professional services. 30 %

Subcontractor Participation Goals
Complete and enter total for each Construction or Professional Services, or both (if applicable)

Group	Construction	Professional Services
Black American	%	9.0 %
Hispanic American	%	5.0 %
Asian American	%	No Goal
Caucasian Female	No Goal	16.5 %
Total Participation Goals	**(2)** %	**(3)** 30.5 %

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SCHEDULE B – Subcontractor Utilization Plan – Part II: Bidder/Proposer Subcontracting Plan

This page and the next (Part II herein) are to be completed by the bidder/proposer. NOTE: Bids/proposals which do not include a completed subcontractor utilization plan (Part II herein) will be deemed to be non-responsive, unless a full waiver of the target subcontracting percentage is granted (Part III herein).

Section I: Prime Contractor Contact Information

Tax ID # _____ **FMS Vendor ID #** _____

Business Name _____ **Contact Person** _____

Address _____

Telephone # _____ **Email** _____

Section II: General Contract Information

1. **Define the industry in which work is to be performed.**

   - **Construction** includes all contracts for the construction, rehabilitation, and/or renovation of physical structures. This category does include CM Build as well as other construction related services such as: demolition, asbestos and lead abatement, and painting services, carpentry services, carpet installation and removal, where related to new construction and not maintenance.

   - **Professional Services** are a class of services that typically require the provider to have some specialized field or advanced degree. Services of this type include: legal, management consulting, information technology, accounting, auditing, actuarial, advertising, health services, pure construction management, environmental analysis, scientific testing, architecture and engineering, and traffic studies, and similar services.

a. Type of work on Prime Contract ***(Check one):***

☐ **Construction**
☐ **Professional Services**

b. Type of work on Subcontract ***(Check all that apply):***

☐ **Construction** ☐ **Other**
☐ **Professional Services**

2. **What is the expected percentage of the total contract dollar value that you expect to award to all subcontracts?** _____ %

3. **Will you award subcontract(s) in amounts below $ 1 million for construction and/or professional services contracts within the first 12 months of the notice to proceed on the contract?** ☐ **Yes** ☐ **No**

Section III: Subcontractor Utilization Summary

IMPORTANT*: If you do not anticipate that you will subcontract at the target level the agency has specified, because you will perform more of the work yourself, you must seek a waiver of the Target Subcontracting Percentage by completing p. 4).*

Step 1: Calculate the percentage (of your total bid) that will go towards subcontracts under $1M for construction and/or professional services	**Subcontracts under $1M (4)** (construction/professional services)		**Total Bid/Proposal Value**		**Calculated Target Subcontracting Percentage**
	$ _____	÷	$ _____	x 100 =	_____ %

- **Subcontracts under $1M (construction/professional services):** Enter the value you expect to award to subcontractors in dollars for amounts under $1 million for construction and/or professional services. This value defines the amount that participation goals apply to, and will be entered into the first line of Step 2.
- **Total Bid/Proposal Value:** Provide the dollar amount of the bid/proposal.
- **Calculated Target Subcontracting Percentage:** The percentage of the total contract dollar value that will be awarded to one or more subcontractors for amounts under $1 million for construction and/or professional services. **This percentage must equal or exceed the percentage listed by the agency on page 1, at line (1).**

! Important: The "Calculated Target Subcontracting Percentage" MUST equal or exceed the Target Subcontracting Percentage listed by the agency on Page 1, Line (1) or the bid/proposal will be deemed non-responsive.

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SCHEDULE B – cont.

Step 2:
Calculate value of subcontractor participation goals

		Subcontracts under $1M (construction/professional services)	
a.	Copy value from Step 1, line (4) – the total value of all expected subcontracts under $1M for construction and/or professional services	$	
b.	• From line a. above, allocate the dollar value of "Subcontracts under $1M" by Construction and Professional Services, • If all subcontracts under $1M are in one industry, enter '0' for the industry with no subcontracts. • Amounts listed on these lines should add up to the value from line a.	**Construction**	**Professional Services**
	Subcontracts under $1M by Industry	$	$
c.	• For Construction enter percentage from line (2) from Page 1. • For Professional Services enter percentage from line (3) from Page 1. • **These Percentages must be copied from the Agency Plan, or the bid/proposal will be deemed non-responsive.**	x %	x %
d.	**Value of Total Participation Goals**	$	$

Step 3:

✓ **Subcontracts in Amounts Under $1 M Scope of Work – Construction**

Enter brief description of type(s) of subcontracts in amounts under $1M anticipated, by type of work, not by name of subcontractor

✓ **Subcontracts in Amounts Under $1 M Scope of Work – Professional Services**

Enter brief description of type(s) of subcontracts in amounts under $1M anticipated, by type of work, not by name of subcontractor

Section IV: Vendor Certification

I hereby 1) acknowledge my understanding of the M/WBE requirements as set forth herein and the pertinent provisions of Local Law 129 of 2005, and the rules promulgated thereunder; 2) affirm that the information supplied in support of this subcontractor utilization plan is true and correct; 3) agree, if awarded this Contract, to comply with the M/WBE requirements of this Contract and the pertinent provisions of Local Law 129 of 2005, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this contract; and 4) agree, if awarded this contract, to make all reasonable, good faith efforts to attain the Target Subcontracting Percentage as specified by the Agency, and to solicit and obtain the participation of M/WBEs so as to meet the required Subcontractor Participation Goals.

Signature _____ **Date** _____

Print Name _____ **Title** _____

SCHEDULE B – PART III – REQUEST FOR WAIVER OF TARGET SUBCONTRACTING PERCENTAGE

Contract Overview

Tax ID # _____ **FMS Vendor ID #** _____

Business Name _____

Contact Name _____ **Telephone #** _____ **Email** _____

Type of Procurement ☐ **Competitive Sealed Bids** ☐ **Other** **Bid/Response Due Date** _____

PIN # (for this procurement)

_____

Type of work on Prime Contract *(Check one):*

☐ **Construction**
☐ **Professional Services**

Type of work on Subcontract *(Check all that apply):*

☐ **Construction**
☐ **Professional Services**
☐ **Other**

SUBCONTRACTING ***as described in bid/solicitation documents*** ***(Copy this % figure from Schedule B, Part I, line 1)***

_____ **%** **of the total contract value anticipated by the agency to be subcontracted for construction/professional services subcontracts valued below $1 million (each)**

ACTUAL SUBCONTRACTING ***as anticipated by vendor seeking waiver***

_____ **%** **of the total contract value anticipated <u>in good faith</u> by the bidder/proposer to be subcontracted for construction/ professional services subcontracts valued below $1 million (each)**

Basis for Waiver Request: *Check appropriate box & explain in detail below (attach additional pages if needed)*

☐ **Vendor does not subcontract construction/professional services, and has the capacity and good faith intention to perform all such work itself.**

☐ **Vendor subcontracts *some* of this type of work but at *lower* % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract.**

☐ **Other** _____

References

List 3 most recent contracts/subcontracts performed for NYC agencies (if any)

CONTRACT NO. _____ **AGENCY** _____ **DATE COMPLETED** _____

CONTRACT NO. _____ **AGENCY** _____ **DATE COMPLETED** _____

CONTRACT NO. _____ **AGENCY** _____ **DATE COMPLETED** _____

List 3 most recent contracts/subcontracts performed for other agencies/entities
(complete ONLY if vendor has performed fewer than 3 NYC contracts)

TYPE OF WORK _____ **AGENCY/ENTITY** _____ **DATE COMPLETED** _____
Manager at agency/entity that hired vendor (Name/Phone No.) _____

TYPE OF WORK _____ **AGENCY/ENTITY** _____ **DATE COMPLETED** _____
Manager at agency/entity that hired vendor (Name/Phone No.) _____

TYPE OF WORK _____ **AGENCY/ENTITY** _____ **DATE COMPLETED** _____
Manager at agency/entity that hired vendor (Name/Phone No.) _____

VENDOR CERTIFICATION: *I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith.*

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Shaded area below is for agency completion only

AGENCY CHIEF CONTRACTING OFFICER APPROVAL

Signature: _____ **Date:** _____

CITY CHIEF PROCUREMENT OFFICER APPROVAL

Signature: _____ **Date:** _____