

Metropolitan Government of Nashville and Davidson County

Equal Business Opportunity (EBO)

Subcontractor Inclusion Bid Submission Checklist

For use on Solicitations with MBE and WBE Subcontracting Goals

Please be sure the following items are completed and included in your bid response for a bid with MBE and WBE subcontracting goals. Failure to submit all the forms required below will result in a bid being deemed "Non-Responsive" by Metro Procurement and/or BAO:



Form Name/Description	Required?	Completed
Statement of MWBE Utilization	Yes	
Statement of Interested Subcontractors/Vendors.	Yes	
Statement of Bid Proposals/Price Quotations	Yes	
Good Faith Efforts Summary Sheets (applicable if MWBE utilization doesn't meet the established goals)	Yes; if applicable	

It is highly recommended that you review the Minority Business Enterprise (MBE) and Woman Business Enterprise (WBE) Instructions Contained within this packet prior to completing and submitting the required forms to ensure that you are adhering to the Equal Business Opportunity (EBO) program requirements. Failure to adhere to the EBO program requirements in submitting the required forms may cause your bid to be deemed non-responsive.

INSTRUCTIONS

The requirements of Title 4 of the Metropolitan Code, BL2018-1419 are a part of this contract and are incorporated by reference. THE FAILURE OF ANY BIDDER/PROPOSER, CONTRACTOR, OR SUBCONTRACTOR TO COMPLY WITH BL2018-1419 AND THE IMPLEMENTING REGULATIONS SHALL BE A BREACH OF CONTRACT.

Highlights of Metro Nashville's Equal Business Opportunity (EBO) program are noted below. A complete copy of BL2018-1419 and the implementing regulations are available on the website at: https://www.nashville.gov/Metro-Clerk/Legislative/Ordinances/Details/0ac32c47-2f7f-490f-ba86-5a5edab9edf1/2015-2019/BL2018-1419.aspx or by request from the Office of Minority and Women Business Assistance.

1. BID/PROPOSAL REQUIREMENTS

Bid/Proposal must include a commitment to utilize MBEs and WBEs at a percentage that equals or exceeds the contract goals indicated in the contract specifications. Bidder/Proposer must submit the following completed documents WITH THE BID/PROPOSAL:

Statement of MWBE Utilization Plan
Statement of Interested Subcontractors/Vendors
Statement of Bid Proposals/Price Quotations

Good Faith Efforts Summary Sheets (if applicable)

Any bid/proposal that does not include a completed Statement of MWBE Utilization, Statement of Interested Subcontractors/Vendors, or Statement of Bid Proposals/Price Quotations will be considered non-responsive to the minimum requirements of the solicitation. (see BL2018-1419, 4.46.070 Bid Requirements)

Bidder/Proposer must provide a record of its Good Faith efforts to obtain MBE and WBE participation if bid/proposal doesn't commit to utilize MBEs and WBEs at a percentage that equals or exceeds the required MBE and WBE subcontractor goals (see 4.46.080 Evaluation of Bid for Program Compliance C & D)

2. VERIFYING CERTIFICATION

Bidder/Proposer is responsible for verifying that each MBE and WBE to be used on a contract is registered with Metropolitan Government of Nashville & Davidson County and certified by one of Metro Nashville's Reciprocal Certification entities at the time of the bid opening/proposal submission. The MBEs and WBEs named must be certified to provide the services that they are listed to perform, and those services must be required as part of the work on this contract. A directory of certified MBE and WBE firms are available online at https://nashville.diversitycompliance.com/.

3. COUNTING MBE AND WBE PARTICIPATION

a) Participation of M/WBEs

A business enterprise that is certified as both an MBE and WBE (M/WBE) may not be counted toward both MBE and WBE goals for the same project. The bidder/proposer must select the goal to which the business enterprise is to be counted.

b) Credit for Self-Performance

A bidder/proposer that is an MBE or WBE may not count the work it intends to perform with its own forces toward the applicable MBE or WBE goal.

c) Commercially Useful Function

The bidder/proposer may count toward the contract goals only expenditures to MBEs and WBEs that perform a commercially useful function in the execution of the contract.

Commercially Useful Function: Means performance or provision of real and actual services by a Participant under a contract with the Metropolitan Government or under a subcontract with another business enterprise under a contract with the Metropolitan Government. In determining whether a business is performing a commercially useful function, the following non-exclusive factors will be considered:

- 1. the nature and amount of work contracted;
- 2. whether the MWBE has the skill and expertise to perform work for which it has been certified;
- 3. whether the MWBE performs, manages and supervises the work;
- 4. whether the MWBE intends to purchase commodities and/or services from a non-MWBE and simply resell same to the general or prime contractor for the purpose of allowing those commodities and/or services to be counted towards assessment of a Benchmark or fulfillment of a goal (if implemented);
- 5. standard industry practices relating to the use of subcontractors. Consistent with standard industry practices, a MWBE subcontractor may enter into second tier subcontracts provided that no more than twenty-five percent of the work thereunder will be performed by a non-MWBE unless the subcontractor demonstrates to the satisfaction of the Metropolitan Government that the subcontracting arrangement is consistent with standard industry practice. (4.46.020 Definitions)

d)Supplier Participation:

Where a Participant utilizes suppliers to satisfy the goal(s) in whole or in part, the MWBE suppliers must perform a commercially useful function. Supplier participation may be approved upon review of the following factors:

- i. the nature and amount of supplies to be furnished;
- ii. whether the MWBE is a manufacturer, wholesaler or distributor of the supplies and has the capabilities to deliver same in accordance with its certification;
- iii. whether the MWBE performs, manages and supervises the work to furnish the supplies; and

whether the MWBE intends to purchase supplies from a non-MWBE and simply resell same to the general or prime contractor for allowing those supplies to be counted towards fulfillment of the goal(s). **(4.46.060 Annual Aspirational Goal and Project-By-Project Goals, D3)**

e) Joint Ventures

A bidder/proposer may count toward the contract goal the portion of its expenditure to a joint venture that is equal to the percentage of the MBE or WBE participation in the joint venture. (4.46.060 Annual Aspirational Goal and Project-By-Project Goals, D4)

Joint Venture: Means an association of two or more independent persons, partnerships, corporations (or any combination of them) formed, consistent with the laws of the State of Tennessee, to perform one or more specific contracts limited in scope and duration. . (4.46.020 Definitions)

f) Good Faith Efforts

If a bidder/proposer is unable to comply with the contract goal, the bidder/proposer may submit Good Faith Efforts Summary Sheets with their bid. Good Faith Efforts will only be considered If the Bid submitted by the First Ranked Bidder in response to a solicitation issued by the Purchasing Agent includes the documents required by Section 4.46.070 of BL2018-1419, and if the Bidder has not met the applicable goal Approval of Good Faith Efforts shall not be granted unless the Good Faith Efforts Summary Sheets include documentation that demonstrates good faith efforts to meet the goals (4.46.080 Evaluation of Bid for Program Compliance)

		S	tatement of	f M/WBE Ut	ilization A	&E ONLY			
	r's/Firm's Name:					Proposer's Phone #:			
	ion Title:					Proposer's Email Addres	s:		
Solicitati	ion #:					Total Bid Amount:			
EBO Goa	al (%): MBE%WB	E%				EBO Goal Met? (Y/N)			
The follo	owing MWBE* subcontractor(s)/supplier(s)	will be utilized for the performance of thi	is project:						
	MBE/WBE Firm Name	MBE/WBE Firm Address	Phone/E-Mail	Certificate Type (MBE or WBE)	* MBE/WBE Group Type *	Code # UNSPS/NAICS	Docarios	tion of Work	
	WIDE/ WDE FITH Name	IVIDE/ WDE FIITH Address	Priorie/E-iviali	(IVIDE OF VVBE)	Group Type	UNSPS/ NAICS	Descript	IIOII OI WOIK	
1									
2									
3									
4									
5									
6									
7									
I am the	duly authorized representative and certify	the facts and representations contained in	n this form and suppor	ting documents are tro	ue and correct.				
Authori	zed Representative (Printed Name/Title	e/Signature)						Date	
*Note: MW	/BE is defined as business enterprise maintaining a signific	ant business prescience in the Program Area & perform	ing a commercial useful functi	ion that is owned by one or m	ore of the following: (1)	African Americans (2) Native Ame	ricans, (3) Hispanic Americans, (4) Asian Ar	nericans, and (5) Women.	
Has Pr	rime Acknowledged EBO Goals		For Inter	rnal Office Use	ONLY				
	vement?			If No, Good Fait	h Efforts Met?				
В	AO Representative :			Metro Buyer:					
P	roject Manager:			Date:		_			

BAO Notes:



EQUAL BUSINESS OPPORTUNITY PROGRAM FORM

Please complete this form for A&E Projects Only to provide Metro with information regarding each individual or entity requesting information about the project or solicited for participation on the project. The list of subcontractors shall include those persons who did not actually submit a price quotation or bid, rather just requested information. Please contact the Business Assistance Office with any questions at 615-880-2814.

Project Name RFP/ITB Number					er		
Part I STATEMENT OF INTER	RESTED M/	WBE SUE	CONTRACT	ORS AND VENDOR	RS		
As part of our regular and o					subcontractors, suր owing certified MW		
Business Name & Contact	Phone No	MBE/W Certifica Type		U	Who Initiated Contact?	UNSPS Code # for work to be performed	Information Requested
Part II STATEMENT OF BID/P This Statement shall include			ntial subcor	ntractors <u>not sele</u>	cted that actually so	ubmitted a bid or pr	oposal for the project.
Business Name & Contact	Pho	ne No	MBE/WBE Certificate Type	UNSPS Code for work to be performed		Work Requested To E	Be Performed
Name			Title			Date	

LETTER OF INTENT TO PERFORM AS A SUBCONTRACTOR/JV



	, , ,				
This form is to be completed and submitted by the apparent successful participant by the end of the second					
business day following notice of	of intent to aware	d from Metro.			
Project Name/RFQ #:					
Established Subcontractor Participation Goals:	Total Contract \	/alue:			
MBE% WBE%					
PRIME CONTRACTO	OR INFORMATIO	N			
Prime Name:					
Project Mgr:	Phone #:	Email:			
Prime Company Address:					
City: State: Zip Code:					
SUBCONTRACTOR	<mark>/JV INFORMATIO</mark>	N			
Subcontractor/JV Name:					
Project Mgr:	Phone #:	Email:			
Sub/JV is a (check) MBE: WBE: Joint Ve	nture:				
Sub/JV Company Address:					
City: State: Zip Code:					
BID, MBE AND WBE PARTICIPATION					
Total value of M/WBE participation under this Subcontract	or/Joint Venture	Agreement is:			
MBE Participation: Dollar Amount	Percen	tage			
WBE Participation: Dollar Amount	Percen	tage			
Check One: Will Meet MBE/WBE Participation Goal	Will NC	T Meet MBE/WBE Participation Goal			
Detailed description of work items to be performed:					
THIS DLAN MUST BE SIGNED BY BOTH BRIDA	E AND CURCONT	DACTOR (LOINT VENTURER			
THIS PLAN MUST BE SIGNED BY BOTH PRIM	E AND SUBCONT	RACTOR/JOINT VENTURER			
I certify that the information included in this Letter of Intent to I to the best of my knowledge and belief. I further understand ar and Subcontractor/JV for the work described upon award and extend the contractor of the work described upon award and extend the contractor of the work described upon award and extend the contractor of the work described upon award and extend the contractor of the work described upon award and extend the contractor of the work described upon award and extend the contractor of the work described upon award and extend the contractor of the work described upon award and extend the contractor of the work described upon award and extend the contractor of the contractor of the work described upon award and extend the contractor of the contractor of the contractor of the work described upon award and extend the contractor of the contractor	nd agree that this is	a written agreement between the Prime			
Nashville and Davidson County.					
Print Name and Title of Prime	Print Name	e and Title of Subcontractor/JV			
Signature	Signature				
Date:	Date:				

METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY

M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS

SUMMARY SHEET

THIS DOCUMENT MUST I	BE ACCURAT			ITTED WITH THE BID OR PROPOSAL		
(Due with Bid Submission if Applicable)						
Project Name:			Project Number:			
Company Name:		Date Submitted:		Total Contract Value:		
Address:		1	Federal Tax ID#			
Contact Person:		Email:		Phone #:		
	GOO	OD FAITH EFFO	RTS SUMMARY SHEE	E <mark>T</mark>		
Number			er Action(s)	BAO Only		
1.	certified MW Soliciting spec availability as services can b measure inclu personal conta including thos in the past as of Bidder may be be ascertained MWBEs main The written no I. Enous specs solici II. A con proje quest contr III. Infor bond IV. The of quota	cific individual MW potential sources of the reasonably ascertates sending letters of the sending letters of the that the Bidder has well as other MWB that and the unfamiliar, but what from a directory of the trained by the BAO of the secondaries of the secondaries of the trained by the condition; and terms & conditation; and terms & conditions about the conditions about the conditions about the conditions are the conditions are garding the secondaries; deadline for submissions.	VBEs whose f goods or ained. This or making other ertified MWBEs as contracted with Es with which the nose identities can f certified . but the plans, litions of the edgeable of the able to answer dition of the ne Bidder's sion of price	ested below related to the above		

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact	Type of	Type of	How	Response to	Bid/Quote	Company
Person/Phone/Email	Business	Work/Service(s)	Business	Solicitation	Amount	Selected (Write
		Solicited	was	(i.e. will		Yes or NO)
			contacted	submit bid,		
			(i.e. email,	no		
			phone,	response,		
			letter,	not		
			etc.?)	interested		

METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY $\mbox{M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS}$ $\mbox{SUMMARY SHEET}$

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL				
		(Due with Bid Sub	mission if Applicab	<mark>ole)</mark>
Project Name:	Project Number:			
Company Name:		Date Submitted:		Total Contract Value:
Address:		I	Federal Tax ID#	
Contact Person:		Email:		Phone #:
	GOOD FAI	TH EFFORTS SU	MMARY SHEET	CHECKLIST
Number		Bidder A	Action(s)	BAO Only
2.		ttended or held info		,
		pdate potential subo		
	vendors of su	bcontracting or sup	ply opportunities.	
List all information r may be duplicated.	equested belov	v related to the abo	ove project. If add	litional space is required, this form
Company Name/Address/Contact Number/Email	Person/Phone	Description of Mo M/W/SDVEs	eeting Notices for	Date M/W/SDVE Attended, if applicable

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL					
	(Due with Bid Sul	bmission if Applica	able)		
Project Name:					
	Data Calanittada	Project Number:	T-4-1 C44 Val		
Company Name:	Date Submitted:		Total Contract Value:		
Address:		Federal Tax ID#			
Contact Person: Email:			Phone #:		
GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST					
Number Bidder Action(s)			BAO Only		
3. Unbundlin	g. Divided the contr	act, in			
accordance	with normal industry	practice, into			
small, econ	omically feasible seg	ments that could			
be perform	ed by MWBEs. Und	er no			
circumstan	ces, however, shall a	bidder segment			
work solely	for the purpose of u	tilizing MWBEs			
as subcontr	actors where such seg	gmentation is not			
in accordan	ce with common and	accepted			
industry pra	actices relating to the	utilization of			
other firms	as subcontractors.				

What Scope of Project Was Divided?

1.	2.
3.	4.
5.	6.

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)					
Project Name:			Project Number:		
Company Name:	1	Date Submitted:		Total Cont	ract Value:
Address:			Federal Tax ID#		
Contact Person:]	Email:		Phone #:	
	GOOD FAIT	H EFFORTS SU	MMARY SHEET	CHECKI	LIST
Number		Bidder A	action(s)		BAO Only
4.	rejection of any to the Bidder, in	ction: Provided a written explanation for tion of any potential subcontractor or vendor e Bidder, including the name of the firm ded the subcontract or supply agreement.			·
For each MBE/WBE project. If additional				requested	below related to the above
M/WBE Firm Name/Address/Contact Person/Phone Number/Email Descrip		Description of	f Proposed Work		Reason for Rejection

METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY $\mbox{M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS} \\ \mbox{SUMMARY SHEET}$

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)				
		Project Number:		
	Date Submitted:		Total Contract Value:	
		Federal Tax ID#		
Contact Person: Email:			Phone #:	
GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST				
Bidder Action(s)			BAO Only	
	,			
		1 "		
assigned to work. The Bidder shall specifically				
ensure that all labor supervisors, superintendents,				
and other on-site supervisory personnel are aware				
of and carry out the Bidder's obligation to maintain				
a non-discrim	inatory work enviro	nment.		
	GOOD FAI Non-discrimit discriminatory environment for coercion at all facilities at what we assigned to we ensure that all and other on-sof and carry of a non-discriminatory.	Date Submitted: Email: GOOD FAITH EFFORTS SUBMITTER Bidder A Non-discrimination: Providing discriminatory work site. Maintain environment free of harassment, it coercion at all construction sites, facilities at which the Bidder's enassigned to work. The Bidder share ensure that all labor supervisors, and other on-site supervisory personal of and carry out the Bidder's oblice a non-discriminatory work environment.	Project Number: Date Submitted: Federal Tax ID# Email: GOOD FAITH EFFORTS SUMMARY SHEET Bidder Action(s) Non-discrimination: Providing a non- discriminatory work site. Maintaining a work environment free of harassment, intimidation and coercion at all construction sites, offices and other facilities at which the Bidder's employees are assigned to work. The Bidder shall specifically ensure that all labor supervisors, superintendents,	

For each training, list the type of training and date.

Type of Training	Date of Training

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL					
(Due with Bid Submission if Applicable)					
Project Name: Project Number:					
Company Name:		Date Submitted:	110jeet Number	Total Contract Value:	
Address:		Federal Tax ID#		Phone #:	
Contact Person:		MMARY SHEET			
Number	GOODIA	ITH EFFORTS SUMMARY SHEET Bidder Action(s)		BAO Only	
6.	Community	nunity and Other Organizational Services		2110 Only	
		dvertising in trade p			
		ation in the Program			
	advertisement shall identify and describe the				
		ontracting or other o	pportunity in		
E I. MDE/XVDE A	reasonable de			war and all below well do the others.	
For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.					
Publication Name		Date of Publication		Please provide copy.	

THIS DOCUMENT MUST	BE ACCURAT		<mark>D, SIGNED AND S</mark> mission if Applicab	UBMITTED WITH THE BID OR PROPOSAL	
		(Due willi bia suo	шізмон п Аррисас	ne)	
Project Name:			Project Number:		
Company Name:		Date Submitted:		Total Contract Value:	
Address:			Federal Tax ID#		
Contact Person:		Email:		Phone #:	
	GOOD FA	1	MMARY SHEET CHECKLIST		
Number	T	Bidder Action(s)		BAO Only	
7.		Bonding/Lines of C			
		sonable assistance to			
		ment, supplies, bond	ling, letters of		
	credit and/or i	nsurance.			
For each MRF/WRF f	irm contacted	list the name(s) as	nd all information	requested below related to the above	
project. If additional				requested below related to the above	
Company Name/Address/Contact P	Parson/Phone Nu	umber/Email		Type of Assistance	
Company Name/Address/Contact I	CISOII/I HOHE IV	umoci/Eman	Type of Assistance		

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL

	(Due	With Big Submission	on it Applicable)			
Project Name:	Project Number:					
Company Name:	Date Su	bmitted:		Total Contract Value:		
Address:			Federal Tax ID#			
Contact Person:	Email:			Phone #:		
	GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST					
Number		Bidder Acti	ion(s)	BAO Only		
8. Da	atabase Utilization					
Ac	Accessed all reasonable and available means to include, but					
	not limited to the following examples:					
	tps://www.nashville		curement/Business-			
	ssistance-Office/SMV					
·	tps://nashville.diver					
110	tps.//mashvine.arver.	sicycomphanice.co	<u>11/</u>			
project. If addition	BE firm contacted, lis nal space is required,	this form may be d		ted below related to the above		
Database Accessed		Date of Access		Results		

METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY $\mbox{M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS}$ $\mbox{SUMMARY SHEET}$

THIS DOCUMENT	MUST BE ACCURAT		O, SIGNED AND Si mission if Applicab	UBMITTED WITH THE BID OR PROPOSAL le)		
Project Name:			Project Number:			
Company Name:		Date Submitted:	1 Toject Number.	Total Contract Value:		
Address:			Federal Tax ID#			
Contact Person:		Email:	Teucrai Tax ID#	Phone #:		
	GOOD FA	ITH EFFORTS SU	MMARY SHEET			
Numb	er	Bidder A	Action(s)	BAO Only		
9.	Mentor Pro	tégé' Relationship/	Technical			
		Providing reasonabl				
		a MWBEs to amelic	•			
		of technical knowled				
		uch assistance is und				
		ilitate the MWBE's				
Ean as ah MDI		on a project or contr		arrandad balam maladad da dha abarra		
For each MBE/WBE firm assisted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.						
Company Name	Type of Assistance	re It	Mentor Protégé' A	greement Reached, Please Provide Copy.		
Company Traine	Type of Hissistan		Wienter Frence Fr	greement redened, Fredse Frevide Copy.		
		L				
It is hereby ce	ertified that the abov	e firms were conta	acted and offered	an opportunity to respond on the		
-				e account of all firms' responses to		
	on. Copies of all bids					
our soneitatio	in copies of all blas	ana, or quotes will	be made available	e apon request.		
Signature:		Print Name:		Title:		