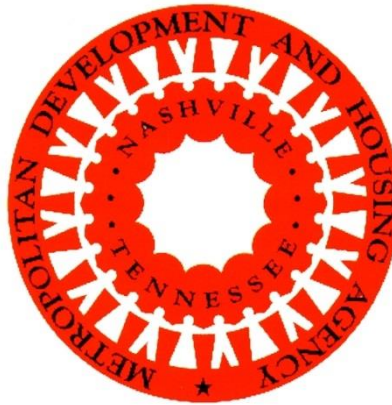


REQUEST FOR PROPOSALS

**For Development
of a
Five-Year Consolidated Plan
For
Metropolitan Nashville and Davidson County, TN**

September 15, 2022



Metropolitan Development and Housing Agency



Request for Proposals

The Metropolitan Development and Housing Agency (MDHA) is soliciting proposals for consultant services to develop a Five-Year Consolidated Plan for program years 2023 through 2028 for the Metropolitan Government of Nashville and Davidson County. The documents must comply with all U.S. Department of Housing and Urban Development (HUD) rules and guidelines.

Interested entities can access the request for proposals (RFP) at the link below:

<https://bit.ly/MDHAZoomGrants>

All proposals must be created and submitted electronically via the ZoomGrants system no later than 11:59 p.m. PDT Monday, Oct. 17, 2022. A virtual pre-proposal meeting will be held at 10 a.m. CDT Friday, Sept. 23, 2022, via Zoom. Interested applicants can access this meeting at the link below:

<https://bit.ly/MDHASEPT23>

The criteria for evaluating the proposals will be based on items set forth in the RFP. An award will be made for the most responsive and responsible proposal, which in the judgment of MDHA, best meets the current needs and long-term goals of MDHA, the Metropolitan Government of Nashville and Davidson County and HUD. MDHA reserves the right to reject any proposals and/or waive any informality in the solicitation process. To request accommodation, please contact Conor O'Neil at 615-252-8562.

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY

Date: September 15, 2022

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Attachments A–H

1. GO TO ORGANIZATION'S ZOOMGRANTS PAGE

Navigate to the ZoomGrants page for the organization by using the link provided to you by the program administrator:

<https://bit.ly/MDHAZoomGrants>

NOTE: For this first step, **do not go to the ZoomGrants homepage**. Once you've started an proposal using the link above, you can log in at

<https://ZoomGrants.com/login>.

2. CREATE AN ACCOUNT AND LOG IN

Create your ZoomGrants account and log in using the New ZoomGrants Account box on the righthand side. If you already have an account, log in using the boxes in the upper right corner of the page.

NOTE: In ZoomGrants, **each proposal is officially associated with a single account and each account is 'owned' by a single user and accessed by a single email address**. We recommend that the person who will be the primary contact for proposals creates the first account for an organization. Once that person creates their account, gets logged in, and starts the proposal(s), they will be able to invite other people to collaborate on all or some of the proposals in their account.

3. CREATE YOUR PROPOSAL

Click the Apply button next to the appropriate program to create your first proposal for that program.

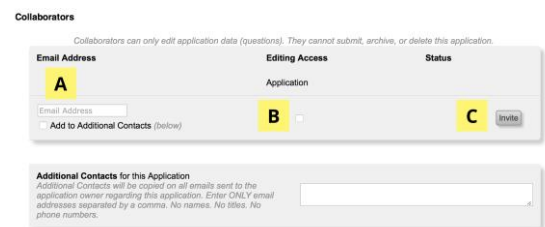
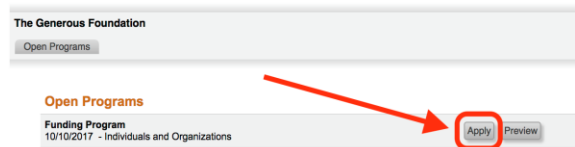
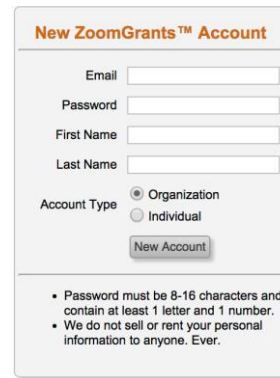
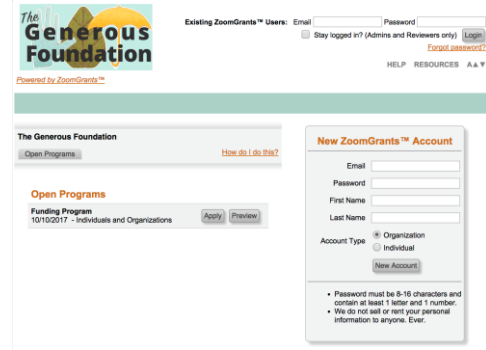
4. INVITE OTHERS TO COLLABORATE

Use the Collaborators section in the first tab of the proposal to invite others to work on this proposal with you.

- A. **Enter their email address.**
- B. **Indicate on which sections they are allowed to collaborate.**
- C. **Click the Invite button.** An invitation will be sent to their email address. They'll be able to set up an account by which they can access and edit the proposal.

NOTE: If granted access, collaborators can do everything that the proposal owner can do except: editing the Applicant and Organization information sections in the first tab of the proposal and submitting, archiving, or deleting the proposal.

5. ANSWER THE QUESTIONS AND FILL IN THE BUDGET AND TABLES



The system will automatically save your answers as you move through the proposal and enter text then click outside of each textbox or select a multiple choice or checkbox item and click into a new field. Click on the tabs to quickly jump to another section of the proposal or use the 'Next' and 'Previous' buttons at the bottom of the tabs to move sequentially through the proposal.

NOTE: Some question tabs may have a **branching question**, which will hide certain questions based on your answers to the branching question.

6. UPLOAD DOCUMENTS

Click the **Upload** button next to each applicable document request set up by the administrator to open up the File Upload Window for that request. Follow the instructions in the window to upload or link a file (or multiple) in that slot.

NOTES:

- 1) Any document request marked with a yellow **'Required'** note **MUST** have something uploaded or linked in that slot in order for your proposal to be submitted. If you feel a required request is not applicable to you, create a document in which you note the inapplicability and upload that into the slot.
- 2) If the administrator has provided a **template**, click the orange 'Template' link to download that template. Fill it out, then upload it into that slot.
- 3) Click the **Help** button in the File Upload Window to access a quick tutorial video (also available here: http://youtu.be/b0lxkjsj_Ow).
- 4) If you finish your proposal by uploading documents, use the grey Refresh Page button to reload the page before clicking the Submit Now button to submit your proposal.

7. SUBMIT THE PROPOSAL

Click the grey **Submit Now** button at the top of the proposal when you've completed the applicable content in every tab. The system will check to ensure you have answered every question and uploaded all 'Required' documents. Any skipped questions or missing documents will be listed in red. When you're done with your edits, use the grey Refresh Page button in the proposal to reload the page, then click the Submit Now button to re-run the check. If your proposal is complete, you'll be able to enter your initials and officially submit the proposal.

NOTES:

- 1) The **completion check** verifies that you have answered the applicable questions and uploaded 'Required' documents, but you are responsible for ensuring you have completed the content requested in the budgets and tables (as applicable) and uploaded the documents that are requested but not 'Required'.
- 2) If the administrator has chosen to let you make changes to your proposal even after it has been submitted, you can edit your submitted proposal up until the deadline passes. If you do make any changes, you do **NOT** need to 're-submit' it. The changes are automatically reflected in the submitted proposal.

1.0 PURPOSE

Metropolitan Nashville and Davidson County (“Metro Nashville”) is in Middle Tennessee and is the capital of the State of Tennessee. Metro Nashville has a consolidated city-county government that includes Nashville and several smaller municipalities. Data from the 2020 Census, indicate the population of Davidson County, including all municipalities, was 715,884. Metro Nashville is the second largest city in Tennessee. The 2021 population of the entire 13-county Nashville metropolitan area was 2,012,476 — making it the largest Metropolitan Statistical Area in the state.

Metro Nashville is an entitlement community eligible to receive direct assistance under the U.S. Department of Housing and Urban Development (“HUD”) Community Development Block Grant (“CDBG”) program. Metro Nashville is a participating jurisdiction under the HOME Investment Partnerships Program (“HOME”) and a formula grantee under the Emergency Solutions Grant (“ESG”). Funds for these programs must be expended within Nashville-Davidson County for participants who meet applicable eligibility criteria and for eligible activities as outlined by program regulations. In addition, Metro Nashville is a formula grantee under the Housing Opportunities for Persons with AIDS (“HOPWA”) program; these funds target needs of persons living with HIV/AIDS and their families in the metropolitan area.

The Metropolitan Development and Housing Agency (“MDHA”) is the lead agency responsible for the development and administration of the Consolidated Plan for Metro Nashville. Within MDHA, the Community Development Department is responsible for administering the four Consolidated Plan programs: CDBG, HOME, ESG, and HOPWA.

2.0 SCOPE OF WORK

MDHA is seeking proposals from qualified consultants for the development of the Five-Year Consolidated Plan for Metropolitan Nashville and Davidson County for the period of June 1, 2023 through May 31, 2028 in accordance with the guidance outlined in 24 CFR, Part 91, Subparts A, B, and C pertaining to local governments. In conjunction with the development of the Consolidated Plan, the consultant shall develop the Year 1 Action Plan for the period June 1, 2023, through May 31, 2024.

2.1 Five-Year Consolidated Plan

The Consolidated Plan is designed to help states and local jurisdictions assess their affordable housing and community development needs and market conditions and to make data-driven, place-based investment decisions. The consolidated planning process serves as the framework for a community-wide dialogue to identify housing and community development priorities that align and focus funding from the four CPD formula block grant programs: CDBG, HOME, ESG, and HOPWA. The Consolidated Plan shall be developed in accordance with

24 CFR part 91, *Consolidated Submissions for Community Planning and Development Programs*. Key components of the Consolidated Plan include:

- Consultation and Citizen Participation: engage the community, both in the process of developing and reviewing the proposed plan and as partners and stakeholders in the implementation of CPD programs. By consulting and collaborating with other public and private entities, grantees can align and coordinate community development programs with a range of other plans, programs and resources to achieve greater impact.
- A Five-Year Plan: describes the jurisdiction's community development priorities and multiyear goals based on an assessment of housing and community development needs, an analysis of housing and economic market conditions, and available resources.
- An Annual Action Plan: provides a concise summary of the actions, activities, and the specific federal and non-federal resources that will be used each year to address the priority needs and specific goals identified by the Consolidated Plan.
- Consolidated Annual Performance and Evaluation Report ("CAPER"): reports on accomplishments and progress toward Consolidated Plan goals in the prior year.

Nashville-Davidson County is required to use the Consolidated Plan Template for both the Consolidated Plan and Year 1 Action Plan to the required documents via HUD's Integrated Disbursement and Information System (IDIS). Proposers are expected to be familiar with the planning tools at

<https://www.hudexchange.info/programs/consolidated-plan/>

and deliver the Consolidated and Year 1 Action Plan in formats that follow the template required for submission in IDIS. MDHA staff will be responsible for entering the Five-Year Consolidated and Year 1 Action Plan in IDIS.

2.2 Services/Deliverables

Services to be performed under this proposal include, but are not limited to:

1. Collecting statistical and informational data and preparing charts and narratives for needs assessments and market analyses in the areas of affordable housing, community development, and homelessness.
2. Virtual consulting with public and private agencies as outlined in 24 CFR 91.100.
3. Conducting public participation activities virtually (including two (2) public hearings during the public comment period – anticipated to run from March 15th - April 17th, 2023); virtually coordinating meetings and

focus groups; virtually assisting MDHA in summarizing and responding to public comments.

4. Using needs assessments, market analyses, and input from consultations and public participation activities to make recommendations for a strategic plan.
5. Providing a draft Consolidated Plan and Year 1 Action Plan for MDHA staff review no later than March 1, 2023. The draft Consolidated Plan should include an Executive Summary, graphs, tables, maps, charts, and other applicable data.
6. Finalize any edits to Plans from MDHA staff review to release Plans for public comment no later than March 15, 2023.
7. Incorporate MDHA responses to comments received during public comment period into final Plans and provide electronic copy of approved final documents no later than April 21, 2023.

All documents and materials created or produced in performance with this RFP shall be property of MDHA.

2.3 Professional Services Required

The Consultant selected to provide the services outlined in this RFP will be required to enter into a Contract with MDHA, which will include the terms and conditions for providing the services. The Contract start date is anticipated to be November 15, 2022, with Consolidated and Year 1 Action Plan submission to MDHA staff no later than April 21, 2023, and final billing, contract closeout no later than May 31, 2023.

The Consultant shall:

1. Represent that it has or will secure at its expense, all personnel required in performing the services under this RFP. Such personnel shall not be employees of or have any contractual relationship with MDHA.

All services required hereunder will be performed by the Consultant or under its supervision, and all personnel engaged in the work shall be fully qualified and shall be authorized or permitted under state and local law to perform services.

2. Maintain books, records, documents and other evidence directly pertinent to performance of work under this RFP in accordance with accepted professional practice and appropriate accounting procedures and practices. Audits conducted pursuant to this provision shall be in accordance with generally accepted auditing standards and formally

established audit regulations, procedures and guidelines of the reviewing or audit organization.

3.0 SUBMISSION REQUIREMENTS

3.1 Submittal Specifications – Submission Deadline

Proposals must be created and submitted electronically via ZoomGrants no later than **11:59 P.M. PST, October 17, 2022**. Applicants can access the RFA by clicking, copying, or pasting the link below into their browser:

<https://bit.ly/MDHAZoomGrants>

3.2 Costs Incurred in Submitting Proposal

1. All costs directly or indirectly related to preparation of an proposal or any oral presentation required to supplement and/or clarify the proposal which may be required by MDHA shall be the sole responsibility of and shall be borne by Applicant(s).
2. Each applicant by submitting its proposal waives any claim for liability against MDHA as to loss, injury and costs or expenses, which may be incurred as a consequence of submitting an proposal.
3. All documents that are prepared and submitted by applicants in proposals shall, upon submittal, become property of MDHA.

3.3 Pre-proposal Meeting

A virtual pre-proposal meeting will be held on Friday, September 23, 2022, at 10:00 a.m. CST via Zoom. This meeting can be accessed via the information below:

Join Zoom Meeting

<https://bit.ly/3R5jWQA>

Meeting ID: 841 1768 0514

Passcode: 520658

One tap mobile

+13092053325,,84117680514#,,,,*520658# US

+13126266799,,84117680514#,,,,*520658# US (Chicago)

Dial by your location

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)
+1 646 931 3860 US
+1 301 715 8592 US (Washington DC)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 386 347 5053 US
+1 564 217 2000 US
+1 669 444 9171 US
+1 719 359 4580 US
+1 720 707 2699 US (Denver)
877 853 5247 US Toll-free
888 788 0099 US Toll-free
833 548 0276 US Toll-free
833 548 0282 US Toll-free

Meeting ID: 841 1768 0514

Passcode: 520658

Find your local number: <https://us06web.zoom.us/j/kcdsG6JEmg>

3.4 Questions

Questions submitted in writing and properly signed will be accepted until **4:00 p.m., CST on Tuesday, September 27, 2022**. Questions can be submitted via email to purchasing@nashville-mdha.org. Responses to written inquiries will be emailed to Agencies recorded as having received a copy of the RFA and uploaded in ZoomGrants.

Direct all questions to:

Diane Baseheart, Contracting Agent/DBE Coordinator
Metropolitan Development and Housing Agency
712 South Sixth Street Nashville, TN 37206

3.5 Addendums

In the event it becomes necessary to revise any part of this RFA, an addendum will be provided. Addendums will be emailed to anyone recorded as having received a copy of the RFA. Any addendums issued by MDHA shall become a part of this RFA and should be considered by organizations in preparing their proposals. Deadlines for submission of the RFA may be adjusted to allow for revisions.

3.6 Withdrawals

Any proposal may be withdrawn prior to award.

3.7 Reservations

1. MDHA reserves the right:
 - A. To waive informalities required herein;
 - B. To request additional information;
 - C. To supplement, amend or otherwise modify the terms or schedules set forth herein;
 - D. To conduct all investigation and background checks necessary for adequate evaluation.
2. MDHA reserves the right to reject any and all submittals and to re-solicit.
3. MDHA does not guarantee that funds will be awarded as a result of this RFA.

4.0 EVALUATION CRITERIA

Proposals will be evaluated using the factors and assigned values listed in this Section (**B-E**) by a review committee appointed by MDHA's Executive Director. Proposals may be ranked without interviews; hence, applicants are encouraged to submit their proposals as comprehensively as possible. The award of the Contract will be made to the Consultant with the highest overall score and ranking based on a maximum 100-point score.

A. Letter of Interest

The letter should identify Consultant's interest in responding to the RFP; the authorized negotiator; all members of the proposed team, as well as relationships among them. Describe the organization and include Attachment A with additional information regarding the Proposer's background.

B. Statement of Qualifications – Maximum 25 points

Provide a narrative statement describing the Consultant and its primary business line. Describe the project team and provide an organizational chart specific to the personnel assigned to accomplish the Scope of Services described in this RFP. Illustrate the lines of authority and designate the individual(s) responsible for the completion of each component and deliverable of the RFP. Provide a list of each person who will actually work on the project and provide the following information for each person listed:

1. Title;
2. Résumé;
3. Tasks that will be performed;
4. Location(s) where work will be performed; and
5. Hourly rate and estimated hours.

Provide evidence of successfully providing economic opportunities to minority, women, and small businesses. If Proposer will be subcontracting for services to perform the work described in this RFP, submit Form 2001 to indicate efforts to contact DBE sub-consultants for teaming purposes, if submitting as a Joint Venture with a DBE firm, and to indicate DBE firms that will be part of the proposed team. If Proposer will be subcontracting for services to perform work described in this RFP, submit Form 2002 to show outreach efforts. (See Attachment H.) If Proposer will not be subcontracting for services, complete both forms and mark and not/applicable.

C. Experience – Maximum 25 points

Provide a narrative detailing knowledge with HUD's consolidated planning process and describing prior experience developing consolidated plans. Describe experience in data collection, statistical analysis, and mapping. Provide a list of similar projects undertaken in the last five (5) years, the name of a reference with knowledge of the firm's performance, the original budget and final cost, and the timeframe from contract start date to final form. Proposers may provide URLs for plans available online.

D. Statement of Work – Maximum 25 points

Describe all tasks necessary to perform the activities/deliverables outlined in Section **2.2 Scope of Services**. Provide a detailed work plan describing the methodology that will be used to develop the Consolidated Plan and Year 1 Action Plan and illustrating how this methodology accomplishes the goals set forth in the Scope of Services. The work plan should include a detailed plan for consultation and public participation and a schedule of work/timelines for major activities and processes. Please note Consultant will not be required to enter the Consolidated Plan and Year 1 Action Plan into IDIS, MDHA staff will do this.

E. Cost – Maximum 25 points

Provide a project budget/breakdown of all costs associated with the performance of the Scope of Services as required in this RFP, including total cost for the project; total costs for each service/deliverable on a time and material basis; and an itemized list of all direct and indirect costs, such as staff and associated overhead, costs related to copying and production, and travel costs.

5.0 COMPLIANCE STATEMENT

The Proposer shall state their compliance with all applicable rules and regulations of Federal, state, and local governing entities. The Proposed shall be knowledgeable of the laws of the State of Tennessee relative to sales tax on materials purchased and services provided for under this Agreement. The

Proposer must state his/her compliance with the terms of this Request for Proposals (see attachments).

6.0 TERMS & CONDITIONS

The following shall be essential terms and conditions of the Agreement between MDHA and the selected Consultant:

6.1 Time for Performance - Termination

The Contract start date is anticipated to be November 15, 2022, with the Consolidated and Year 1 Action Plan submission to MDHA staff no later than April 21, 2023, and final billing, contract closeout no later than May 31, 2023.

The failure of the Consultant to satisfactorily adhere to the terms of the Contract within the time specified may be cause for termination of the contract.

6.2 Breach of Agreement

If Consultant fails to fulfill its obligations under the Contract in a timely and proper manner or if it shall violate any of the terms of this Contract, MDHA shall have the right to immediately terminate such Contract and withhold payments in excess of fair compensation for work completed. The term "breach of agreement" specifically includes, but is not limited to, failure to comply with any applicable Federal, state or local laws or regulations.

Notwithstanding the above, the Consultant shall not be relieved of liability to MDHA for damages sustained by virtue of any breach by the Consultant.

6.3 Modification of Agreement

Such Agreement may be modified only by written amendment executed by all parties.

6.4 Partnerships/Joint Ventures

Such Contract shall not in any way be construed or intended to create a partnership or joint venture between the parties or among any of the parties. None of the parties of such Contract shall hold itself out in a manner contrary to the terms of the Contract. No party shall become liable for any representation, act or omission of any other party contrary to the terms of this.

6.5 Waiver

No waiver of any provision of such Contract shall affect the right of MDHA thereafter to enforce such provision or to exercise any right or remedy available to it in the event of any other default.

6.6 Gratuities and Kickbacks

- 1. Gratuities.** It shall be a breach of ethical standards for any person to contract, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or a contract of employment in connection with any decision, approval, disapproval, recommendation, preparation of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or proposal, request for ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore.
- 2. Kickback.** It shall be a breach of ethical standards for any payment gratuity or contract of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor of higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract or order.

6.7 Indemnification

The Consultant shall agree to indemnify and hold MDHA, its officers, agents and/or employees harmless from and against any and all lawsuits, damages and expenses, including court costs and attorney's fees, by reason of any claim and/or liability imposed, claimed and/or threatened against the MDHA, its officials, agents and/or employees for damages because of bodily injury, death and/or property damages arising out of or in consequence of the performance of services under this Contract to the extent that such bodily injuries, death and/or property damages are attributable to the negligence of the Consultant and/or the Consultant's servants, agents and/or employees.

6.8 Assignment-Consent Required

The provisions of such Contract shall inure to the benefit of and shall be binding upon the respective successors and assignees of the parties hereto. Such Contract nor any of the rights and obligations of the Consultant hereunder shall not be assigned, subcontracted or transferred in whole or in part without the prior written consent of MDHA. Any such assignment transfer or subcontract shall not release the Consultant from its obligation

hereunder. Any approved assignee shall assume each and every obligation of the Consultant hereunder and MDHA may contract with or reimburse any such assignee without waiving any of its rights against the Consultant.

6.9 Entire Contract

Such Contract shall set forth the entire Contract between the parties with respect to the subject matter hereof, and shall govern the respective duties and obligations of the parties until and unless a more formal Contract is entered into between the parties.

6.10 Force Majeure

No party to such Contract shall have any liability to the other hereunder by reason of any delay or failure to perform any obligation or covenant if the delay or failure to perform is occasioned by any act of God, force majeure, storm, fire, casualty, civil disturbance, riot, war, national emergency, act of Government, act of public enemy or other cause of similar nature beyond its control.

7.0 LICENSING & BUSINESS REQUIREMENTS

The Proposer is responsible to comply with all licensing requirements and associated business regulations whether local, state or Federal. It is the responsibility of the potential project manager to determine the applicability of any rule, regulation or other requirement.

8.0 INTEREST OF OTHER LOCAL PUBLIC OFFICIALS

No member of the governing body of the locality in which the area of the Program is situated and no other public official of such locality who exercises any functions or responsibilities in the review or approval of the carrying out of the Program to which this RFA pertains shall have any personal interest, direct or indirect, in the Program.

9.0 EQUAL EMPLOYMENT OPPORTUNITY

The Applicant shall affirm that it does not subscribe to any personnel policy which permits or allows for discrimination in the employment promotion, demotion, dismissal or laying off of any individual due to his/her race, creed, color, national origin, age or gender or physical handicap, and that it has not been convicted of violating Metropolitan Code of Laws, Section 2-1-112 through 2-1-114, within the immediate preceding six (6) month period.

10.0 DIVERSITY BUSINESS ENTERPRISE PROGRAM

The mission of MDHA is to provide minority, women, small, and service-disabled veteran business enterprises with fair and equal accessibility to all its procurement opportunities. Collectively we refer to these businesses as "Diversity Business Enterprise (DBE)." MDHA is committed to increasing the participation in all aspects of its' contracting of purchasing programs, including but not limited to procurement of equipment, construction and development projects, and professional services.

Diversity Business Enterprise Policy

It is the policy of MDHA to assist minority, women, and small business enterprise firms in their aspirations of viability and growth, which support a more stable economic community. To this extent, we join with community agencies and organizations that support these businesses to create more significant opportunities for these entrepreneurs to attain mutually beneficial social and economic objectives. Accordingly, minority, women, and small business enterprise firms will be given the maximum practicable opportunity, consistent with efficient performance and applicable law, to compete for and participate in contracts, subcontracts, purchase orders, and other procurement actions. Businesses bidding or proposing on procurements are required to comply with the provisions of these procedures. MDHA prohibits discrimination against any person or business pursuing procurement opportunities based on race, color, sex, religion, disability, or national origin. MDHA will conduct its contracting and purchasing programs to prevent any discrimination and resolve all allegations of discrimination.

Diversity Business Enterprise Certifications

Certification ensures that minority, women, and small business firms benefit from MDHA procurement opportunities. Minority, women, and small businesses are included in our vendor listing according to capacity, capability, procurement code, and M/W/SBE/SDVBE status. Identifying minority, women, and small businesses are necessary to evaluate their participation in MDHA contract activity and calculate the percentage of construction and purchases awarded annually to M/W/SBE/SDVBE firms. MDHA will accept minority, women, and service-disabled business certifications, including small business approvals from the agencies listed below:

Minority Business Enterprise (MBE) Certifications

Minority group members own, operate, and control at least 51% of the company. Definitions for minority groups include the following categories: Asian, Black, Hispanic/Latino, Native Indian. We accept MBE certifications from the following organizations:

- Governor's Office of Diversity Business Enterprise ([GODBE](#))
- Metropolitan Nashville Airport Authority ([MNAA](#))
- Small Business Administration, TN District Office ([SBA](#))

- National Minority Supplier Development Council-[TSMSDC-MBE](#)

Women Business Enterprise (WBE) Certifications

Women own, operate, and control at least 51% of the company. We accept certifications from the following organizations:

- Governor's Office of Diversity Business Enterprise ([GODBE](#))
- Metropolitan Nashville Airport Authority ([MNAA](#))
- Women Business Enterprise National Council ([WBENC](#))
- National Association of Women Business Owners ([NAWBO](#))

Service-Disabled Veteran Business Enterprise (SDVBE) Certification

Service-disabled veterans own, operate, and control at least 51% of the company. We accept certifications from the organizations listed below.

- Governor's Office of Diversity Business Enterprise ([GODBE](#))

Small Business Enterprise (SBE) Approval

As defined in section 4.44.010 of the Metropolitan Government of Nashville and Davidson County Code of Laws, a business independently owned and operated, the number of employees or the annual sales volume for the applicable industry shall not exceed Metro Nashville Government's established limits. Therefore, we accept Metro Nashville Government's Business Assistance Office (BAO) Small Business Enterprise Approvals.

- Metro Nashville Office of Minority and Women Business Assistance (BAO)
bao@nashville.gov

For questions regarding MBE/WBE Certification and SBE Approval, please contact MDHA Diversity Business Enterprise Program Consultant at: gdavis@simsdiversityconsult.com

Applicants are to complete and turn in forms 2001 and 2002 which are included in Attachment H with their proposal response.

11.0 HUD SECTION 3, 24 CFR PART 75

While the requirements of Section 3 do not apply to this Contract, the selected Consultant should attempt to ensure that low- and very low-income residents of the Nashville-Davidson MSA, particularly those that receive federal housing assistance, be informed of new training and employment opportunities created as a result of any Contract awarded under this RFA.

12.0 TITLE VI

The Metropolitan Development and Housing Organization prohibits discrimination in all of its programs and activities on the basis of race, color or national origin. The Consultant will comply with all statutes and regulations of Title VI of the Civil Rights Act of 1964. No person should be excluded from participation in or be denied the benefit of or be subjected to discrimination under any program or service provided by or affiliated with MDHA on the basis of non-merit reasons. To file a complaint of discrimination, write or call Michael Wegerson, Director of Construction and MDHA Contracting Officer, 712 South Sixth Street, Nashville, TN 37206, phone (615) 252-8494.

ATTACHMENTS

- A. _____
COMPANY INFORMATION
- B. _____
CLIENT REFERENCE
- C. _____
FAIR EMPLOYMENT PRACTICE STATEMENT
- D. _____
CONTINGENT FEES STATEMENT
- E. _____
FORM OF NON-COLLUSIVE AFFIDAVIT
- F. _____
CERTIFICATION FOR CONTRACTS, GRANTS, LOAN AND COOPERATIVE AGREEMENT
- G. _____
CERTIFICATIONS
- H. _____
DISADVANTAGED BUSINESS ENTERPRISE FORMS

ATTACHMENT A

COMPANY INFORMATION

Name of Organization

Business Address

Phone Number(s)

E-Mail Address

Number of Years in Business

**Location of office that will
service MDHA-funded program**

ATTACHMENT B

REFERENCES

Provide information on clients (organizations or individuals) for whom similar service has been provided.

Customer Name, Address

Nature of Service Provided

Contact person

Phone Number

Customer Name, Address

Nature of Service Provided

Contact person

Phone Number

Customer Name, Address

Nature of Service Provided

Contact person

Phone Number

ATTACHMENT C

FAIR EMPLOYMENT PRACTICE STATEMENT

AFFIDAVIT

STATE OF _____

COUNTY OF _____

After being first duly sworn according to law, the undersigned (Affiant) states that he/she is _____ of _____ (Contractor) and that by its employment policy, standards and practices the Contractor does not subscribe to any personnel policy which permits or allows for the promotion, demotion, employment, dismissal of, laying off of any individual due to his/her race, creed, color, national origin, age sex, or handicapping condition.

Any further Affiant sayeth not.

Signature

Type/Print Name

Sworn to and subscribed before me on this _____ day of _____

NOTARY PUBLIC

My Commission Expires: _____

ATTACHMENT D

CONTINGENT FEES STATEMENT

State of _____)

County of _____)

In accordance with the Metropolitan Development and Housing Organization's policy, it is a breach of ethical standards for a person to be retained, or to upon an agreement or understanding for a contingent commission, percentage, or brokerage fee, except for retention of bona fide employees or bona fide established commercial selling agencies for the purpose of securing business. After being first duly sworn according to law, the undersigned (affiant) states that he/she is the _____, of _____ (Offeror) and that the Offeror has not retained anyone in violation of the foregoing.

And further Affiant sayeth not.

By: _____

Title: _____

Sworn to and subscribed before me on this _____ day of _____, 20__

Notary Public

My Commission Expires: _____

ATTACHMENT E

FORM OF NON-COLLUSIVE AFFIDAVIT

State of _____

County of _____

_____, being first duly sworn, deposes and says that:

(1) He/She is _____ of _____, the Vendor that has submitted the attached Proposal:

(2) He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

(3) Such Proposal is genuine and not collusive or sham; that said vendor has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person to put in a sham bid or to refrain from bidding and has not, in communications or conference, with any person, agreed to fix any overhead, profit or cost element of said bid price, or that of any other bidder, or to secure any advantage against the Metropolitan Development and Housing Organization or any person interested in the proposed contract; and that all statements in said proposal of bid are true; and;

(4) Any professional fees arrived at during negotiations must be fair and proper and are not to be tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Professional or any of its agents, representatives, owners, employees or parties in interest, including this affidavit.

(Signed) _____

Title

Sworn to and subscribed before me on this _____ day of _____, 20__

Notary Public

My Commission Expires: _____

ATTACHMENT F

CERTIFICATION FOR CONTRACTS, GRANTS, LOAN AND COOPERATIVE AGREEMENT

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any persons, for influencing or attempting to influence an officer or employee of any organization, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any organization, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this _____ day of _____, 20__

By: _____

(Signature of Authorized Official)

(Signature of Authorized Official)

Sworn to and subscribed before me on this ____ day of _____, 20__.

Notary Public

My Commission Expires: _____

ATTACHMENT G
Request for Proposal
Certifications

State of _____

County of _____

_____, being first duly sworn, certifies that:

(1) No member, officer, or employee of the Metropolitan Development and Housing Organization; no member of the governing body of the locality in which the project is situated; and no other public official of such locality or localities who exercise any functions or responsibilities with respect to the project, shall, during his tenure, or for one year thereafter, have any interest, direct or indirect, in this contract or the proceeds thereof.

(2) The submitter principal members do not now have, and have not had, during the previous 12 months, any interest, direct or indirect, in MDHA or any of its members or officials, including a family relationship with any Organization member or official and employment by or service as a member or official of MDHA.

(3) The submitter shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, handicapping conditions or national origin. The submitter shall take affirmative action to ensure that applicants are employed, and employees are treated during employment, without regard to race, color, religion, sex, age, handicapping conditions or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensations; and selection for training, including apprenticeship.

(4) The submitter shall not assign or transfer any interest in this contract without the written approval of the MDHA Board of Commissioners, which authorization would be communicated only over the signature of the Executive Director. If the contractor is a partnership, this contract shall inure to the benefit of the surviving or remaining membership of such partnership.

(Signed) _____

Title

Subscribed and sworn to before me this ____ day of _____, 20__.

My commission expires _____, 20_____.

ATTACHMENT H

DESCRIPTION OF DIVERSITY BUSINESS ENTERPRISE (DBE) FORMS

DBE FORM 2001

Diversity Business Enterprise Bidder/Proposer DBE Outreach Documentation

This form has two Sections

SECTION I - The bidder/Proposer is to record the names of DBEs that they outreached to and efforts made to solicit their participation. MDHA will review this form to determine if the bidder/proposer complied with DBE program initiatives/requirements to ensure that DBEs are allowed to participate in MDHA procurements. The form also aids in determining compliance with the DBE Program requirements for contractors/suppliers' outreach initiatives. **Failure to complete and return this form will result in a non-responsive bid/proposal mainly because it is a part of the bid or proposal process.**

SECTION II – This Section explains some of the outreach methods the bidder/proposer is to use to show they made efforts to achieve DBE participation. The methods listed in this Section go beyond the standard telephone and email outreach methods to identify DBEs. Proposers that utilize these methods are more successful in achieving some level of DBE participation. Therefore, bidders/proposers are to actively and aggressively seek out DBEs. The list of outreach methods in Section II is not comprehensive, but it provides the bidder/proposer with ideas for their outreach.

DBE FORM 2002

Diversity Business Enterprise Program Proposed Utilization Plan

This form has two Sections

SECTION I – This Section is used to show DBE participation achieved as a result of the bidders/proposers' outreach efforts shown on DBE Form 2001. The information recorded on this form will be reviewed, evaluated, and scored (if scores are assigned to the DBE section of the proposal). This Section determines compliance with the MDHA DBE Program Bidder/Proposer outreach and utilization of DBEs. **Failure to complete and submit this form with the /Bid/Proposal will be considered non-responsive.**

SECTION II – This Section summarizes the bidder's/proposer's DBEs participation achieved and listed in *Section I*. The information recorded on this form will become part of DBE Form 2003 of the successful bidder/proposer. This information will become the bidder/proposer's commitment to award contracts and utilize DBEs. This information will also be incorporated into the successful bidder/proposer's contract and monitored monthly. **Failure to complete and submit this form will be considered non-responsive.**

DBE FORM 2003

Diversity Business Enterprise Program Proposed Utilization

INSTRUCTIONS:

This Form Must Be Completed by the successful bidder/proposer and Submitted To MDHA Contracting Agent/DBE Coordinator before the Contract Award.

The awarded Bidder/Proposer's DBE commitments listed on this form will be incorporated into their contract and monitored monthly. After the contract award, any changes to this form will require the MDHA Contracting Agent/DBE Coordinator and DBE Program Consultant approval. Requests to change or replace the DBE(s) listed on this form will require the bidder/proposer to use DBE Form 2, Section I, and II to show DBE Outreach efforts to modify or replace the original DBE commitment and provide a copy of the updated DBE Form 2 to the MDHA Contracting Agent/DBE Coordinator.

DBE FORM 2004

Record of Payments to Diversity Business Enterprise Firms

INSTRUCTIONS:

This form is used to report payments to DBEs and must be submitted with the successful bidder/proposer MONTHLY APPLICATION for PAYMENT. This form is a record of DBE contract awards, changes to the DBE's original contract, payments to DBEs, and the percentage of work completed by each DBE. The information recorded on this form will be evaluated to determine compliance with your contract commitment indicated on "DBE FORM 2003 Statement of Intent to Utilize Diversity Business Enterprise." Contracts with DBE participation should be subject to monthly monitoring and possible on-site audits. After the contract award, changes to your DBE participation will require the MDHA Contracting Agent/DBE Coordinator approval, and the MDHA DBE Program Consultant will review the information. Failure to submit this report should delay the contractor/supplier's monthly pay application processing until the information is received.

**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY DIVERSITY BUSINESS ENTERPRISE PROGRAM
Bidder/Proposer DBE Outreach Efforts and Documentation**

DBE FORM 2001 SECTION I - INSTRUCTIONS	Prime Bidder/Proposer Company Name:		
PLEASE SUBMIT THIS FORM, SECTION I & II, WITH THE BID/PROPOSAL. Use this form to record your outreach efforts to solicit DBE participation. The information recorded on this form will be evaluated to determine your compliance with the Diversity Business Enterprise Program requirements for contractors/suppliers' outreach initiatives. Failure to complete and return this form will result in a non-responsive bid/proposal.	Bid/RFQ/RFI/RFP # and Title:		
	Street Address City/State/Zip:		
	Contact Name:		
	Contact Telephone Number:		Date:
PLEASE INDICATE IF YOUR FIRM IS A DBE	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide a copy of certification and check the appropriate DBE Code.	MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/> SDVBE <input type="checkbox"/> *DBE CODE	Certification Agency: Certification Attached YES <input type="checkbox"/> NO <input type="checkbox"/>

*Racial/Ethnic Codes: MBE 1-Black Americans; 2-Native Americans; 3- Hispanic Americans; 4-Asian/Pacific Americans; 5-WBE; 6-SBE; 7-SDVBE (Example: Hispanic Firm - MBE/3)

1. DBE Name	*DBE Codes	Name of Person Contacted	Date Contacted	Type of Supplies/Services
Method of Communication Telephone <input type="checkbox"/> DBE Telephone Number:	Method of Communication Email <input type="checkbox"/> DBE Email Address:	Method of Communication: Face-to-Face Meeting <input type="checkbox"/> Date of Meeting:	DBE Response: Bidding <input type="checkbox"/> Yes <input type="checkbox"/> No* Submitted Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No * Valid Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, provide reason(s) for "non-acceptance."	
2. DBE Name	*DBE Codes	Name of Person Contacted	Date Contacted	Type of Supplies/Services
Method of Communication Telephone <input type="checkbox"/> DBE Telephone Number:	Method of Communication Email <input type="checkbox"/> DBE Email Address:	Method of Communication: Face-to-Face Meeting <input type="checkbox"/> Date:	DBE Response: Bidding <input type="checkbox"/> Yes <input type="checkbox"/> No* Submitted Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No * Valid Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, provide reason(s) for "non-acceptance."	

**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY DIVERSITY BUSINESS ENTERPRISE PROGRAM
Bidder/Proposer DBE Outreach Efforts and Documentation**

SECTION I - INSTRUCTIONS PLEASE SUBMIT THIS FORM, SECTION I & II, WITH THE BID/PROPOSAL. Use this form to record your outreach efforts to solicit DBE participation.	Prime Bidder/Proposer Company Name: _____ Date: _____			
Bid/RFQ/RFI/RFP # and Title: _____				
3. DBE Name	*DBE Codes	Name of Person Contacted	Date Contacted	Type of Supplies/Services
Method of Communication Telephone <input type="checkbox"/> DBE Telephone Number: _____	Method of Communication Email <input type="checkbox"/> DBE Email Address: _____	Method of Communication: Face-to-Face Meeting <input type="checkbox"/> Date: _____	DBE Response: Bidding <input type="checkbox"/> Yes <input type="checkbox"/> No* Submitted Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No * Valid Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, provide reason(s) for "non-acceptance"	
4. DBE Name	*DBE Codes	Name of Person Contacted	Date Contacted	Type of Supplies/Services
Method of Communication Telephone <input type="checkbox"/> DBE Telephone Number: _____	Method of Communication Email <input type="checkbox"/> DBE Email Address: _____	Method of Communication: Face-to-Face Meeting <input type="checkbox"/> Date: _____	DBE Response: Bidding <input type="checkbox"/> Yes <input type="checkbox"/> No* Submitted Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No * Valid Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, provide reason(s) for "non-acceptance"	
5. DBE Name	*DBE Codes	Name of Person Contacted	Date Contacted	Type of Supplies/Services
Method of Communication Telephone <input type="checkbox"/> DBE Telephone Number: _____	Method of Communication Email <input type="checkbox"/> DBE Email Address: _____	Method of Communication: Face-to-Face Meeting <input type="checkbox"/> Date: _____	DBE Response: Bidding <input type="checkbox"/> Yes <input type="checkbox"/> No* Submitted Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No * Valid Bid: <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, provide reason(s) for "non-acceptance"	

**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY DIVERSITY BUSINESS ENTERPRISE PROGRAM
Bidder/Proposer DBE Outreach Efforts and Documentation**

SECTION II - INSTRUCTIONS

MDHA DBE PROGRAM REQUIREMENTS: BIDDERS/PROPOSERS ARE EXPECTED to go beyond the standard telephone and email outreach methods to identify DBEs. Bidders/proposers should actively and aggressively seek out DBEs. There are many ways to make the best effort possible to achieve DBE participation. The list of outreach initiatives below is not comprehensive, but it will give you an idea of where to start. Successful Bidders/Proposers will be required to provide documentation that supports their efforts. Please answer the questions below and indicate the details of your company's actions taken concerning these questions. Feel free to attach additional documentation to explain your outreach initiatives. This form, along with information recorded on the preceding pages, will be used to evaluate the bidder/proposer's efforts to achieve DBE participation.

RECOMMENDED DBE OUTREACH METHODS

1. The bidder/proposer conducted a pre-bid meeting to inform DBEs of subcontracting opportunities and discussed the plans, specifications, and other bid requirements to solicit DBE bidders. If yes, provide the Date of Pre-bid Meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The bidder/proposer met face-to-face with interested DBEs to discuss information about the plans, specifications, and requirements of the bid/proposal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The bidder/proposer provided interested DBEs with adequate information about the bid/proposal's plans, specifications, and requirements of the bid/proposal. Information provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The bidder/proposer selected specific portions of the work to be performed by DBEs to increase the likelihood of achieving DBE participation (including breaking down more significant pieces of work into smaller units to facilitate DBE participation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The bidder/proposer followed up with DBEs who initially expressed interest by contacting those DBEs to determine with certainty if they remained interested in bidding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. The bidder/proposer took the necessary steps to provide written notice in a reasonable time frame to inform DBEs of subcontracting opportunities and allowed enough time for them to participate effectively.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. The bidder/proposer utilized the MDHA Diversity Business Enterprise Directory and other directories such as The Metro Nashville's Office of Minority and Women Business Assistance, the State Go-DBE, Metro Airport TDOT to identify DBE firms as potential bidders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If DBE bids/proposals were received and rejected, you must attach the rejected bid/proposal documentation and the reason for rejecting (i.e., memos, telephone calls, meetings, etc.) the bid. In addition, a statement including any reasons for concluding that the DBE was unqualified to perform the job). Is the documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I certify that all information provided is accurate. I agree to provide Metropolitan Development and Housing Agency with a completed copy of all required forms and documentation to support my claims for DBE outreach. I understand that if I fail to provide all the required forms and documents, my bid may be deemed "non-responsive," and I may be denied the contract award.

Name of Company: _____

Date: _____

Signature of Certifying Official of Company: _____ Title: _____

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY DIVERSITY BUSINESS ENTERPRISE PROGRAM
Diversity Business Enterprise Program Proposed Utilization Plan

DBE FORM 2002 INSTRUCTIONS: PLEASE SUBMIT SECTION I AND SECTION II OF THIS FORM WITH THE BID/PROPOSAL.	DIVERSITY BUSINESS ENTERPRISE PARTICIPATION COMMITTED			
Bidder/Proposer must complete and submit <u>Section I and Section II</u> with the bid/proposal to show DBE participation achieved as a result of their outreach efforts. The information recorded on this form will be evaluated and scored to determine your compliance with the MDHA Diversity Business Enterprise Program requirements for Bidder/Proposer outreach and utilization of DBEs. Failure to complete and submit this form with the /Bid/Proposal will be considered non-responsive. Please Note: The Awarded Bidder's/Proposer DBE commitments will be incorporated into the contract and monitored monthly, including monthly reports that validate DBE utilization and possible on-site audits.	Bidder/Proposer Company Name:			
	Bid/RFP Number:	Name of Bid/Request for Proposal:	Bidder/Proposer Estimated Total Dollar Bid/ Proposal: \$	
	Submission Date:	Total DBE Percentage: %	Total DBE Dollars: \$	Percentage of Self-Performed Work: %
*Bidder/Proposer Company Contact Name:	Telephone:	Email Address:		

*Name of person to contact for information and documentation regarding this form and DBE participation proposed

Please indicate the DBE Ethnicity Code:

**Racial/Ethnic Codes: MBE 1-Black Americans; 2-Native Americans; 3- Hispanic Americans; 4-Asian/Pacific Americans; 5-WBE; 6-SBE; 7-SDVBE (Example: Hispanic Firm - MBE/3)

SECTION 1 - PROPOSED DIVERSITY BUSINESS ENTERPRISE			
INSTRUCTIONS: Record each DBE that you proposed to use for the above referenced Bid/RFP. Your response to the requested information below will be evaluated and scored based on this form's completeness. If additional space is needed to record your DBE contacts, you may duplicate this form.			
1. DBE Company Name	**DBE Ethnic Code	Supplies/Services Provided	
Address/City/State/Zip:	Telephone:	\$ Value of Supplies/Services:	DBE % of Total Bid/Proposal:
JOINT VENTURE <input type="checkbox"/> Yes <input type="checkbox"/> No PARTNERING AGREEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide legal agreement and other documents to support this claim with the finalized version)	Name of DBE Current Certification Agency:		Certification Attached YES <input type="checkbox"/> NO <input type="checkbox"/> Certification Expiration Date:

2. DBE Company Name	**DBE Ethnic Code	Supplies/Services Provided	
Address/City/State/Zip:	Telephone:	\$ Value of Supplies/ Services	DBE % of Total Bid/Proposal:
JOINT VENTURE <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of DBE Current Certification Agency:		Certification Attached YES <input type="checkbox"/> NO <input type="checkbox"/>

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY DIVERSITY BUSINESS ENTERPRISE PROGRAM
Diversity Business Enterprise Program Proposed Utilization Plan

PARTNERING AGREEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide legal agreement and other documents to support this claim with the finalized version)			Certification Expiration Date:
3. DBE Company Name	**DBE Ethnic Code	Supplies/Services Provided	
Address/City/State/Zip:	Telephone:	\$ Value of Supplies/Services	DBE % of Total Bid/Proposal:
JOINT VENTURE <input type="checkbox"/> Yes <input type="checkbox"/> No PARTNERING AGREEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide legal agreement and other documents to support this claim with the finalized version)	Name of DBE Current Certification Agency:		Certification Attached YES <input type="checkbox"/> NO <input type="checkbox"/> Certification Expiration Date:

4. DBE Company Name	**DBE Ethnic Code	Supplies/Services Provided	
Address/City/State/Zip:	Telephone:	\$ Value of Supplies/Services	DBE % of Total Bid/Proposal:
JOINT VENTURE <input type="checkbox"/> Yes <input type="checkbox"/> No PARTNERING AGREEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide legal agreement and other documents to support this claim with the finalized version)	Name of DBE Current Certification Agency:		Certification Attached YES <input type="checkbox"/> NO <input type="checkbox"/> Certification Expiration Date:

5. DBE Company Name	**DBE Ethnic Code	Supplies/Services Provided	
Address/City/State/Zip:	Telephone:	\$ Value of Supplies/Services	DBE % of Total Bid/Proposal:
Joint Venture <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of DBE Current Certification Agency:		Certification Attached YES <input type="checkbox"/> NO <input type="checkbox"/> Certification Expiration Date:

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY DIVERSITY BUSINESS ENTERPRISE PROGRAM
Diversity Business Enterprise Program Proposed Utilization Plan

Partnering Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide legal agreement and other documents to support this claim with the finalized version)		Certification Expiration Date:
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**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY
Statement of Intent to Utilize Diversity Business Enterprise Firms**

DBE FORM 2003 INSTRUCTIONS

THIS FORM MUST BE COMPLETED AND SUBMITTED TO MDHA CONTRACTING AGENT/DBE COORDINATOR PRIOR TO CONTRACT AWARD.

Please Note: The awarded Bidder/Proposer's DBE commitments listed below will be incorporated into the awarded Contract and monitored monthly, including monthly reports that validate DBE utilization and payments with possible on-site audits. After the contract award, changes to this form will require the MDHA Contracting Agent/DBE Coordinator and DBE Program Consultant approval. Requests to change or replace the DBE(s) listed below must use DBE Form 2, Section I, and II to show DBE Outreach efforts to modify or replace the original DBE commitment.

* Company Name, Address, Zip				Telephone:		Contract Title:				Date Submitted:			
DBE Contract Award Information		Ethnic Minority-Owned Businesses/Contract Awards				Women-Owned Businesses/Contract Awards					Non-Minority Businesses/Contract Awards		
DBE Name Address/Telephone	Description of Services	African American Male	Hispanic Male	Asian Dollars Male	Native American Male	African American Female	Hispanic Female	Asian Female	Native American Female	Caucasian Female	SBE Dollars	SDVBE Dollars	DBE % of Contract
Sonny Asphalt -618 Even Street, New Hill, New Jersey	Asphalt Materials	\$275,000.00											
MDHA Contracting Agent Review and Approval Date:	Total DBE Dollars	\$275,000.00											
	DBE Percentages	55%											
MDHA Official Initials:	Summary					Total DBE Dollars		\$275,000.00	Total DBE Percentage		55%		

The undersigned swears that the preceding statements and information recorded above are correct and that each of the representations herein set forth is true. "Any misrepresentations will be grounds for contract termination and for initiating actions under Federal or State laws concerning false statements.

Name of Company: _____ Date: _____ Telephone: _____

Signature of Certifying Official of Company: _____ Title: _____

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY DIVERSITY BUSINESS ENTERPRISE PROGRAM
Record of Payments to Diversity Business Enterprise Firms

DBE FORM 2004 PLEASE COMPLETE AND SUBMIT THIS REPORT WITH YOUR MONTHLY APPLICATION for PAYMENT. Use this form to record DBE contract awards, changes to the DBE's original contract, payments to DBEs, and percentage of work completed by each DBE. The information recorded on this form will be used to determine compliance with your contract commitment indicated on "DBE FORM 2003 Statement of Intent to Utilize Diversity Business Enterprise." Please Note: Contracts with DBE participation are subject to monthly monitoring and possible on-site audits. After the contract award, changes to your DBE participation require MDHA Contracting Agent/DBE Coordinator approval and MDHA DBE Program Consultant's Review. Failure to submit this report will delay your monthly pay application processing until all information is received.

CONTRACTOR NAME/ADDRESS:						CONTRACT TITLE/NUMBER:	
DBE Payment Report From: (Month,Date,Year)	DBE Payment Report To: (Month,Date,Year)	TOTAL CONTRACT DOLLARS	TOTAL DBE CONTRACTS DOLLARS AWARDED	TOTAL DBE PERCENTAGE	TOTAL DBE DOLLARS PAID	TOTAL DBE PERCENTAGE	COMPANY CONTACT NAME (Person to call with question regarding this report)

DBE FORM 2004 SECTION II INSTRUCTIONS: Please record payments to Diversity Business Enterprise firms in this section.												
DBE Utilization		Ethnic Minority Dollars Paid				Women Dollars Paid					Non-Minority Dollars Paid	
Name	Participation Dollars	African American Male	Hispanic Male	Asian Male	Native American Male	African American Female	Hispanic Female	Asian Male	Native American Female	Other Female	SBE	SDVBE
SIMS	\$100,000.00											

The undersigned swears that the preceding statements and information recorded above are correct and that each of the representations herein set forth is true. "Any misrepresentations will be grounds for termination of contract and for initiating actions under Federal laws concerning false statements.

Name of Company: _____ Date: _____
 Signature of Certifying Official of Company: _____ Title: _____

