

PACKAGE 2

FOR USE WITH CONTRACTS THAT HAVE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (“M/WBE”) GOALS AND DO NOT CONCERN CONSTRUCTION AND/OR PUBLIC WORKS

THIS PACKAGE CONTAINS THE FOLLOWING FORMS:

- FORM EEO-1 (EMPLOYER INFORMATION REPORT)
- FORM WF-257 (WORK FORCE UTILIZATION REPORT - SERVICE AND/OR CONSULTANT FIRMS)
- STAFFING PLAN FORM
- FORM 15A.1 (MBE/WBE UTILIZATION PLAN FORM)
- FORM 15A.2 (REQUEST FOR TOTAL OR PARTIAL WAIVER OF MBE/WBE GOAL(S) PURSUANT TO MBE/WBE UTILIZATION PLAN FORM)
- FORM 15A.3 (MONTHLY MBE/WBE PARTICIPATION REPORT)
- FORM 15A.4 (INTENT TO PERFORM AS SUBCONTRACTOR/ SUBCONSULTANT)

**METROPOLITAN TRANSPORTATION AUTHORITY
Office of Civil Rights**

EQUAL EMPLOYMENT OPPORTUNITY

EMPLOYER INFORMATION REPORT EEO-1

Section A - TYPE OF REPORT

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX.)

(1) Single-establishment Employer Report

Multi-establishment Employer:

(2) Consolidated Report (Required)

(3) Headquarters Unit Report (Required)

(4) Individual Establishment Report (submit one for each establishment with 50 or more employees)

(5) Special Report

2. Total number of reports being filed by this Company (Answer on Consolidated Report only) _____

SECTION B -- COMPANY IDENTIFICATION (To be answered by all employers)

Office
Use
Only

1. Parent Company

a. Name of parent company (owns or controls establishment in item 2) omit if same as above

a.

Address (Number and street)

b.

City or town

State

ZIP code

c.

2. Establishment for which this report is filed. (Omit if same as above)

a. Name of establishment

d.

Address (Number and street)

City or Town

County

State

ZIP code

e.

b. Employer Identification No. (IRS 9-DIGIT TAX NUMBER)

f.

c. Was an EEO-1 report filed for this establishment last year? 1 YES 2 NO

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EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYER INFORMATION REPORT EEO-1
Section C - EMPLOYMENT DATA

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Employment at this establishment-Report all permanent full-time and part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank Spaces will be considered as zeros.

Job Categories	NUMBER OF EMPLOYEES										
	Overall Totals (Sum of Col. B thru K)	MALE					FEMALE				
		White (Not of Hispanic Origin)	Black (Not of Hispanic Origin)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	White (Not of Hispanic Origin)	Black (Not of Hispanic Origin)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
A	B	C	D	E	F	G	H	I	J	K	
Officials and Managers 1											
Professionals 2											
Technicians 3											
Sale Workers 4											
Office and Clerical 5											
Craft Workers (Skilled)											
Operatives (Semi-Skilled) 7											
Laborers (Unskilled) 8											
Service Workers 9											
TOTAL 10											
Total employment reported in previous EEO-1 report 11											

NOTE: Omit questions 1 and 2 on the Consolidated Report.

1. Date(s) of payroll period used: _____ 2. Does this establishment employ apprentices?
 1 Yes 2 No

METROPOLITAN TRANSPORTATION AUTHORITY
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EQUAL EMPLOYMENT OPPORTUNITY

EMPLOYER INFORMATION REPORT EEO-1

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Section D -ESTABLISHMENT INFORMATION (Omit on the Consolidated Report)

1. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity).	OFFICE USE ONLY
g.	

Section E-REMARKS

Use this item to give any identification data appearing on last report which differs from that given above, explain major changes in composition or reporting units and other pertinent information.

Section F-CERTIFICATION

- Check one 1 All reports are accurate and were prepared in accordance with the instructions (check on consolidated only)
- 2 This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official	Title	Signature	Date
Name of person of contact regarding this report (type or print)	Address (Number and Street)		
Title	City and State	ZIP Code	Telephone Number (Including Area Code)

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII. WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S. CODE, TITLE 18, SECTION 1001.

6/00

WORK FORCE UTILIZATION REPORT
SERVICE and/or CONSULTANT FIRMS

Agency _____ /Code _____ Reporting Period _____

Check one: Quarterly Report Semi-Annual Report

Contractor Firm Name _____ Address _____

City _____ State _____ Zip _____

Type of Report: Contract Specific Work Force Total Work Force

Check if NOT-FOR-PROFIT

Federal Id/Payee Id No. _____ Check One: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Contract Amount: \$_____	Contract No. _____ Location of Work _____ County _____ ZIP _____ Product/Service Provided: _____ Contract Start Date: _____ Percent of Job Completed _____
--	--

Number of Employees										Total Percent Minority Employees	Total Percent Female Employees	
Federal Occupational Category	Total Number of Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American/Alaskan Native			
	Male	Female	Male	Female	Male	Female	Male	Female	Male			Female
Officials/Admin												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers												
Operatives												
Laborers												
Service Workers												
TOTALS												

Company Official's Name _____ Title _____
 Company Official's Signature _____ Date _____

Telephone Number (____) _____

**WORK FORCE UTILIZATION REPORT
SERVICE and/or CONSULTANT FIRMS
INSTRUCTIONS FOR COMPLETION**

PURPOSE: The *Work Force Utilization Report for Service and/or Consultant Firms* is prepared by all contractors, and subcontractors if any, providing services (skilled or non-skilled) or professional consulting services to a state agency to document their actual employment of minority group members and women during the period covered by the report. The report has a format similar to forms used by the Federal government for reporting equal employment opportunity data. When the *contract specific work force* can be identified, the report covers all employees (including apprentices or trainees) working on the project. If the contract specific work force *cannot* be separated out, the contractor's *total work force* is reported. The completed reports are used by the contracting state agency to monitor the contractor's and subcontractor's compliance with the contract's equal employment opportunity requirements.

GENERAL INFORMATION:

1. **Name of contracting state agency** and state agency code (five digit code).
2. **Reporting period** covered by report (mm/dd/yy to mm/dd/yy); **check** to indicate *Quarterly* or *Semi-Annual* Report.
3. **Contractor firm name** (prime contractor on summary report submitted to agency) and **address** (including city name, state and zip code); **check** if the contractor is a NOT-FOR-PROFIT.
4. **Type of Report.** **check** to indicate whether report covers (i) the *Contract Specific Work Force* or (ii) the *Company's Total Work Force* (in the event the contract specific work force cannot be separated out).
5. Contractor **Federal Employer Identification number** or payee identification number (prime contractor i.d. on summary report); **check** to indicate prime or subcontractor report.
6. **Contract Amount** is dollar amount based on terms of the contract.
7. **Contract number** is the agency assigned number given to the contract (seven digits).
8. **Location of work** including county and zip code where work is performed.
9. Indicate **Product or Service provided** by contractor (brief description).
10. **Contract start date** is month/day/year work on contract actually began.
11. Contractor's **estimate of the percentage of work completed** at the end of this reporting period.

FEDERAL OCCUPATIONAL CATEGORIES: The contractor's work force is broken down and reported by the nine *Federal Occupational Categories (FOC's)* consistent with the Federal government's EEO-1 categories for the private sector labor force. These are: *Officials and Managers, Professionals, Technicians, Sales, Office & Clerical (Administrative Support), Craft Workers, Operatives, Laborers and Service Workers*. The categories are general in nature, and include all related occupational job titles. The contracting agency can provide assistance in categorizing specific jobs.

TOTAL NUMBER OF EMPLOYEES: Record the *total number of all persons employed* in each FOC during the reporting period, regardless of ethnicity (either working on the specific contract OR in the contractor's total work force, based on the type of report indicated above). Report the total number of male (M) employees in column (1) and the total number of female (F) employees in column (2) for each FOC. In columns (3) thru (10) report the numbers of male and female *minority group members* employed, based on the following defined groups:

- **Black (not of Hispanic origin)**: all persons having origins in any of the Black African racial groups;
- **Hispanic**: all persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin, regardless of race;
- **Asian or Pacific Islander**: all persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands;
- **Native American or Alaskan Native**: all persons having origins in any of the original peoples of North America.

TOTAL % MINORITY = sum of all minority group members (male and female) employed in the FOC divided by the total number of all employees in that FOC (column 1 + column 2).

TOTAL % FEMALE = total number of female employees in the FOC (column 2) divided by the total number of all employees in that FOC (column 1 + column 2).

TOTALS: column totals should be calculated (sum each column) for all FOC's combined. Total minority and female percentages should be calculated as shown above, based on the column totals.

SUBMISSION: The work force utilization report is to be completed by both prime and subcontractors and **signed and dated** by an *authorized representative* before submission. This **Company Official's name, official title and telephone number** should be printed or typed where indicated on the bottom of the form.

The **prime contractor** shall complete a report for its own work force, **collect** reports completed by each subcontractor, and **prepare a summary report for the entire combined contract work force**. The reports shall include the total number of employees in each occupational category for all payrolls completed in the reporting period. The prime contractor shall submit the summary report to the contracting agency as required by *Part 142 of Title 5 of the NYCRR* pursuant to *Article 15-A of the Executive Law*.

STAFFING PLAN

Project/RFP Title: _____ Location of Contract: _____
County _____ ZIP _____

Contractor/Firm Name _____ Address _____
City _____ State _____ ZIP _____

Check applicable categories: (1) Staff Estimates include: Contract/ Project Staff Total Work Force Subcontractors
 (2) Type of Contract : Construction Consultants Commodities Services/Consultants

Total Anticipated Work Force										Total Percent Minority Employees	Total Percent Female Employees	
Federal Occupational Category	Total Number of Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American/ Alaskan Native			
	Male	Female	Male	Female	Male	Female	Male	Female	Male			Female
Officials/Admin												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers												
Operatives												
Laborers												
Service Workers												
TOTALS												

Company Official's Name _____ Title _____
 Company Official's Signature _____ Date _____
 Telephone Number (____) _____

CONTRACT NO. and TITLE: _____ CONTRACT VALUE \$ _____
 AMOUNT OF TOTAL CONTRACT PRICE THAT IS ATTRIBUTABLE TO WORK PERFORMED IN NEW YORK STATE: \$ _____

MBE/WBE UTILIZATION PLAN FORM

(Form 15A.1)

Name, Address, Telephone Number of MBE/WBE (including name of contact person, Federal I.D.# or Social Security Number)	Indicate if MBE or WBE	Description of Work, Products and/or Services to be provided	Agreed Dollar Amount of MBE/WBE Subcontract	MBE/WBE % of Work Performed in New York State	MBE/WBE Projected Start and Completion Date

If the Proposer/Bidder is a corporation, partnership, or joint venture, this form must be signed respectively, by the president of the corporation, a general partner, or the president/general partner of one of the joint ventures. If it is signed by anyone else, you must include appropriate proof (such as certified copy of the by-laws, partnership agreement or joint venture agreement) which confirms that the person signing this form is authorized to do so. By signing below, the Proposer/Bidder authorizes the Authority to verify all information provided on this form.

PROPOSER/BIDDER: _____ AUTHORIZED SIGNATURE: _____ TITLE: _____
 ADDRESS: _____ TELEPHONE NUMBER: _____
 FEDERAL IDENTIFICATION NUMBER: _____ DATE: _____

**REQUEST FOR TOTAL OR PARTIAL WAIVER OF MBE/WBE GOAL(S)
PURSUANT TO MBE/WBE UTILIZATION PLAN FORM
(Form 15A.2)**

PROPOSER/BIDDER/CONTRACTOR: _____

Contract Number: _____ Total Contract Dollar Value: _____

A Proposer/Bidder/Contractor failing to achieve the MBE/WBE goal(s) as specified in the Contract Documents must submit this form (Request for Total or Partial Waiver of MBE/WBE Goal(s) -Form 15A.2) and the documentation of good faith efforts specified in Part II of this form, at the time provided for the submission of the MBE/WBE Utilization Plan (Form 15A.1), or if the contract is already awarded, as soon as the Contractor realizes that it will not achieve a goal, or prior to final payment on the contract whichever is sooner.

PART I. REQUEST FOR WAIVER OF MBE/WBE GOAL(S)

INSTRUCTIONS: If the Proposer/Bidder/Contractor is requesting a total waiver of one or both goals, Section A must be completed. If the Proposer/Bidder/Contractor is requesting a partial waiver of one or both goals, Section B must be completed. In requesting a partial waiver, the Proposer/Bidder/Contractor must specify MBE and/or WBE goal percentage(s) it is committed to achieving.

Section A - Total Waiver of MBE/WBE Goal(s)

I, _____, hereby request a total waiver of the:
(Name of Proposer/Bidder/Contractor)

(Check the appropriate box or boxes)

- MBE goal as specified in the Contract Documents
- WBE goal as specified in the Contract Documents

Section B - Partial Waiver of MBE/WBE Goals)

I, _____, hereby request a partial waiver of the:
(Name of Proposer/Bidder/Contractor)

(Check the appropriate box or boxes)

- MBE goal as specified in the Contract Documents
- WBE goal as specified in the Contract Documents

I, _____, commit to achieving an MBE goal of _____ %.
(Name of Proposer/Bidder/Contractor)

I, _____, commit to achieving an WBE goal of _____ %.
(Name of Proposer/Bidder/Contractor)

PART II. GOOD FAITH EFFORTS DOCUMENTATION

INSTRUCTIONS: A Proposer/Bidder/Contractor requesting a request for a total or partial waiver of MBE and/or WBE goal(s) must submit with this form, full and detailed explanation and documentation which specifically identifies the Proposer/Bidder/Contractor's efforts to obtain MBE/WBE participation on this Authority contract.

The Proposer/Bidder/Contractor must provide the information and support documentation specified in Part II of this form (SEE REVERSE SIDE OF THIS FORM), and any other information it believes will assist the Authority in its review of the Request for Total or Partial Waiver of MBE/WBE Goal(s).

- (1) The names of general circulation, trade association and women-oriented publications in which bids were solicited for purposes of complying with goal requirements established for minority and women-owned business enterprise participation;
- (2) The dates bid solicitations for minority and women-owned business participation were published in any of the publications named pursuant to paragraph (1) and the text of the bid solicitations;
- (3) A list of minority and women-owned business enterprises appearing in the State Directory which were solicited in writing to provide bids for purposes of complying with the contract goal requirements for minority and women-owned business enterprise participation;
- (4) Proof of dates on which such solicitations were made in writing and copies of solicitations made, or a sample copy of the solicitation if an identical solicitation was made of all minority and women-owned business enterprise;
- (5) Copies of responses made by minority and women-owned business enterprises to solicitations made by the contractor;
- (6) A description of any contract documents, plans, or specifications made available to minority and women-owned business enterprises for purposes of soliciting their bids, and the dates and manner in which these documents were made available;
- (7) Documentation of any negotiations between the contractor and minority and women-owned business enterprise participation;
- (8) A statement setting forth the contractor's basis for requesting a partial or total waiver;
- (9) Written discussion of the relevance of the following items to the contractor's request for a partial or total waiver of MBE/WBE contract goal(s) specified in the Contract Documents:
 - a) The number and types of minority or women-owned business enterprises located in the region in which the contract is to be performed;
 - b) The total dollar value of this contract;
 - c) The scope of work to be performed;
 - d) The project size;
 - e) The project term;
 - f) The availability of other business enterprises located in the region;
 - g) The financial ability of minority and women-owned business enterprises located outside the region to perform on the contract
- 10) Identify terms and conditions offered to minority and women-owned business enterprises, and compare how those subcontract terms and conditions compare to those offered in the ordinary course of the contractor's business and to other subcontractors of the contractor.
- 11) Identify efforts made by the contractor to reasonably structure the contract scope of work for purposes of subcontracting with minority and women-owned enterprises;
- 12) Identify actions taken to contact and assess the financial ability of minority and women-owned business enterprises located outside of the region in which the contract scope of work is to be performed; and
- 13) Any other information determined relevant by the Authority (if and when requested) or the contractor.

By signing this form, the person individually and on the behalf of the Proposer/Bidder/Contractor represents to the Authority that the information supplied to the Authority is truthful, accurate, complete and not misleading.

Authorized Signature: _____ Title: _____

Firm/Company Name: _____

Address: _____

Telephone Number: _____ Date: _____

MONTHLY MBE/WBE PARTICIPATION REPORT (Form 15A.3)

REPORT FOR MONTH ENDING _____

INSTRUCTIONS: After the award of a contract, this Form 15A.3 must be filed by the 15th of each month to report actual participation by NYS certified MBE/WBE firms during the preceding month.

Contract Number: _____ Contract Title: _____ Contract Amount (as amended) \$ _____ Contract Value NYS Work \$ _____

Prime Contractor: _____ Contract Start Date: _____ Projected Completion Date: _____ % Complete: _____ MBE Goal: _____ %
 WBE Goal: _____ %
 Total payments to Prime to date: \$ _____ Total value of MBE subcontracts: \$ _____ Total value of WBE subcontracts: \$ _____ %
 Total amount invoiced to date: \$ _____ MBE % of Prime contract (as amended): _____ WBE % of Prime contract (as amended): _____
 Amount of last payment to Prime: \$ _____ Total MBE payments to date: \$ _____ Total of WBE payments to date: \$ _____
 Date of last payment to Prime: _____

Name of MBE/WBE Subcontractor and Description of Work Performed	Work Status this Report Active, Inactive or Complete	Subcontract Start Date	Projected Completion Date	% of Work Complete	Date & Amount of Payment for this Report	Total Payments to Date	Subcontract Amount (as amended)	Copy of M/WBE Subcontract Agreement filed with Authority (Yes or No)
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete							
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete							
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete							
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete							
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete							
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete							

IF NECESSARY, USE A SEPARATE SHEET

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Did any of the M/WBE subcontractors rent/lease equipment from the prime contractor or an affiliate company during the report period?
If yes, explain the arrangement, including a description of the equipment and the cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did any of the M/WBE subcontractors utilize employees or former employees of the prime contractor or an affiliate company during the report period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did any of the M/WBE subcontractors subcontract any portion of its work to a non-M/WBE during the report period? If yes, explain fully. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the scope of work or the subcontract amount for any of the M/WBE subcontractors changed since the last report? If yes, explain fully. | <input type="checkbox"/> | <input type="checkbox"/> |

By signing this form, the person individually and on the behalf of the Contractor represents to the Authority that the information contained herein is truthful, accurate, complete and not misleading.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

Intent to Perform as Subcontractor/Subconsultant

(FORM 15A.4)

CONTRACT NUMBER: _____ CONTRACT TITLE: _____

NAME OF PRIME BIDDER/PROPOSER: _____

The undersigned intends to perform work in connection with the above project as (check one):

A subcontractor

A subconsultant

A second tier subcontractor

Note: Pursuant to NYS Executive Law Article 15-A, Minority and Women-owned Business Enterprise (MBE/WBE) firms projected to participate in the MTA's MBE/WBE Program must be certified as either a MBE or a WBE by the Empire State Development Corporation (ESDC) in order for the firm's participation to be credited toward a MBE or a WBE goal. Only firms certified by ESDC as a MBE or a WBE can be utilized to meet an MBE or WBE goal.

SUBCONTRACT AMOUNT \$ _____

The undersigned is prepared to perform the following work and/or supply the following material for the above project.

Note: If applicable, please state the amount and percentage of work you intend to subcontract out to other subcontractors/vendors (both MBE/WBE and non-MBE/WBE firms).

The undersigned intends to enter into a formal agreement for the above work with the named bidder/proposer conditioned upon the named bidders/proposers being awarded this contract by the MTA or any of its affiliated agencies.

Name of MBE/WBE Firm
Please Type or Print

By _____
Name & Title of Authorized Signatory

Signature of Authorized Representative

Date