



**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
MINORITY/WOMEN BUSINESS ENTERPRISE
UTILIZATION STATEMENT
INSTRUCTION SHEET**

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REQUIRED MINORITY/WOMEN BUSINESS ENTERPRISE (M/WBE) UTILIZATION STATEMENT. THESE INSTRUCTIONS ARE DESIGNED TO ASSIST PRIME CONTRACTORS IN PREPARING AND SUBMITTING A DETAILED AND COMPLETE M/WBE UTILIZATION STATEMENT.

NOTE: ALL DCCCD PRIME CONTRACTORS/CONSULTANTS ARE REQUIRED TO SUBMIT AN M/WBE UTILIZATION STATEMENT IDENTIFYING M/WBE FIRMS TO BE UTILIZED IN DEMONSTRATING GOOD FAITH EFFORTS AND ACHIEVING THE DCCCD'S M/WBE GOAL, WHEN APPLICABLE, ON DCCCD CONTRACTS. THIS GOOD FAITH EFFORT UTILIZATION STATEMENT IS SUBJECT TO THE DCCCD'S M/WBE PROGRAM APPROVAL THROUGH THE BUSINESS DIVERSITY PROGRAMS DEPARTMENT.

- A. Prime contractors/consultants are required to employ good faith efforts to carry out the DCCCD's M/WBE policy through the award of subcontracts, sub-consultants, and/or purchases with M/WBE firms to the fullest extent consistent with the efficient performance of this contract. When applicable, prime contractors/consultants shall also make sincere efforts in attempting to achieve or exceed the DCCCD'S M/WBE goal. All DCCCD prime contractors/consultants shall be expected to solicit bids or proposals for subcontract, sub-consultant, and supplier opportunities from available M/WBEs.
- B. The Utilization Statement must be submitted with the Prime contractor's/consultant's bid/proposal to documentation his/her efforts to include M/WBEs in the bid.
- C. The Utilization Statement shall contain:
- Section A: *Project Identification Section* - Contains the Project information, M/WBE goals, and a statement if no subcontracting opportunities are anticipated. **The M/WBE bidder amount does NOT count toward the M/WBE goals.**
 - Section B: *Schedule of Service/Work* - Lists all the contractors/consultants and/or suppliers to be utilized.
 - Section C: *Good Faith Efforts Review* - Provides documentation of the steps taken by the Prime to include M/WBEs and lists the M/WBEs contacted for each type of work subcontracted. **Section C is not required if the Prime is not subcontracting or sub-consulting or if the prime is able to meet or exceeds the project M/WBE goal.**
- D. The Utilization Statement should be prepared by the company's project M/WBE Coordinator or designee. The Utilization Statement must be signed and dated by an authorized company official. The Coordinator or designee should have working knowledge as to the project's subcontracting/subconsulting and supplier activities (actual and anticipated). This individual shall be a key figure in directing the contractor's/consultant's M/WBE activities.
- E. The DCCCD requires all M/WBE firms to be certified as such by the North Central Texas Regional Certification Agency (NCTRCA), State of Texas Building and Procurement Commission (HUB) or other DCCCD acceptable certification agencies. The prime contractor/consultant is responsible for submitting along with the required M/WBE Utilization Statement a properly completed Certification Affidavit for itself if applicable, and proposed M/WBE subcontractors/sub-consultants/vendors.
- F. In the event that an M/WBE subcontractor is to be replaced, the prime contractor must seek and receive approval by the appropriate DCCCD representative and demonstrate a good faith effort to involve and utilize another M/WBE subcontractor/sub-consultant/vendor.

For a Microsoft Word copy of the attached forms or if you have questions regarding the requirements, please call the Business Diversity Department at (972) 860-7903



**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
M/WBE
UTILIZATION STATEMENT**

SECTION A – PROJECT IDENTIFICATION SECTION

Bid/Project Number _____ Project Title _____

Base Bid/Contract Amount _____ Company Name _____

DCCCD Aspirational M/WBE Goal _____% * Bidder’s Proposed M/WBE Goal _____%

NOTE: If the applicable M/WBE goal is not achieved, Section C must sufficiently demonstrate good faith efforts to satisfy M/WBE program requirements and is subject to the review and approval by the DCCCD’s Business Diversity Programs Department.

If the Prime contractor/consultant will not be subcontracting/sub-consultanting, the following must be provided:

- a. Section B, Schedule of Service/Work;
- b. List of similar projects performed without the use of subcontractors and/or sub-consultants;
- c. Statement that it is the normal business practice of the contractor/consultant to perform the particular elements of the contract at hand with its own work forces without the use of subcontractors/sub-consultants; and/or,
- d. The technical nature of the proposed project does not facilitate subcontracting/sub-consulting nor any significant supplier opportunities in support of the project.

THE UNDERSIGNED STATES THAT ALL INFORMATION SUBMITTED WITHIN EACH SECTION OF THIS M/WBE UTILIZATION STATEMENT IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE

Print Name

Date

Signature/Title

Telephone/E-Mail Address

* Bidder’s Proposed M/WBE Goal _____%: The M/WBE Bidder’s amount is NOT countable toward the M/WBE GOAL %)



M/WBE

UTILIZATION STATEMENT

SECTION C – GOOD FAITH EFFORT REVIEW
If the Prime is able to meet or exceed the project M/WBE goal, this form is not needed.

Bid Number: _____ Project Title _____

THE FOLLOWING ITEMS ARE MINIMALLY CONSIDERED AS GOOD FAITH EFFORTS AND DEMONSTRATE SPECIFIC INITIATIVES MADE IN ATTEMPTING TO DEMONSTRATE CONSIDERATION OF AND OPPORTUNITY FOR M/WBE PROJECT PARTICIPATION.

1. If applicable, was your firm represented at the pre-bid/proposal conference? Yes ____ No ____
2. Have you requested and obtained a list of certified M/WBE firms? Yes ____ No ____
3. Did you contact made the DCCCD’s Business Diversity Programs department for assistance? Yes ____ No ____

Date/Person contacted and assistance sought:

Date	Person Contacted	Assistance Sought

4. Identify M/WBE support agencies/associations contacted for M/WBE solicitations (Minority Chambers of Commerce, Purchasing Councils, contractor groups etc). **Please attach copies of solicitation letters of assistance and/or describe personal contact made (attach page detailing information if necessary).**

Date/Agencies/Associations/person contacted and assistance sought:

Date	Agency/Association	Person Contacted	Assistance Sought

5. Were copies of plans and specifications furnished to M/WBEs? Yes ____ No ____
6. Were subcontractors required to be bonded? Yes ____ No ____
7. Discuss any other effort(s) aimed at involving M/WBEs:
 - a. Identify any specific efforts to divide work in accordance with normal industry practice, to allow maximum M/WBE participation.

b. **Joint ventures**, requesting second-tier M/WBE subcontracts, etc.: _____

c. List all other good-faith efforts utilized, please elaborate. : _____

8. Was bid/proposal advertised in minority newspapers or trade journals? If so, provide the following and **include samples of advertisement(s)**:

Name(s) of publication(s)	Date(s) of advertisement(s)

9. For **Each** services/trades listed in Section B – Schedule of Service/Work, list below at least three (3) **certified** by NCTRCA, HUB or other DCCCD acceptable agencies contacted for bids for those services/trades.

M/WBE Contact Information					
<ul style="list-style-type: none"> • The listed M/WBEs must be given a minimum of 5 work days prior to the bid deadline to prepare their bids • Attach supporting documentation (phone or fax logs, e-mails, letters, etc.) of the contacts. <p><i>Please be aware, DCCCD's Business Diversity Programs department may call the listed subcontractors to verify their being contacted for a bid and if they had been given 5 work days to prepare their bids.</i></p>					
Type of Service/Work Subcontracted/Sub-consulted:					
	Certified M/WBE Company Name	Certification No.	Contact Person	Phone Number	E-mail Address
1					
2					
3					
If none of the above were selected, state the reason: <input type="checkbox"/> Not Lowest Price <input type="checkbox"/> Not Best Qualified <input type="checkbox"/> Not Best Value <input type="checkbox"/> Other:					
Type of Service/Work Subcontracted/Sub-consulted:					
	Certified M/WBE Company Name	Certification No.	Contact Person	Phone Number	E-mail Address
1					
2					
3					
If none of the above were selected, state the reason: <input type="checkbox"/> Not Lowest Price <input type="checkbox"/> Not Best Qualified <input type="checkbox"/> Not Best Value <input type="checkbox"/> Other:					
Type of Service/Work Subcontracted/Sub-consulted:					
	Certified M/WBE Company Name	Certification No.	Contact Person	Phone Number	E-mail Address
1					
2					
3					
If none of the above were selected, state the reason: <input type="checkbox"/> Not Lowest Price <input type="checkbox"/> Not Best Qualified <input type="checkbox"/> Not Best Value <input type="checkbox"/> Other:					
Type of Service/Work Subcontracted/Sub-consulted:					
	Certified M/WBE Company Name	Certification No.	Contact Person	Phone Number	E-mail Address
1					
2					
3					
If none of the above were selected, state the reason: <input type="checkbox"/> Not Lowest Price <input type="checkbox"/> Not Best Qualified <input type="checkbox"/> Not Best Value <input type="checkbox"/> Other:					
If additional areas were subcontracted/sub-consulted, please list on a copy of this page					