

**Good Faith Effort Plan for Construction SUBCONTRACTS for:**

**NAME OF PROJECT:**

SECTION A - PRIME CONTRACTOR INFORMATION

Legal Name of Firm, including "doing business as" if applicable:

Address of Office to Perform Project Work:

City: State: Zip Code:

Telephone: Contact Person:

Fax:

Email Address:

Is your firm

Certified as an SMWVB?

Yes: \_\_\_\_\_\_\_No:\_\_\_\_\_\_\_

If "Yes", was your firm certified by the South Central Texas Regional Certification Agency (SCTRCA) or the Texas Comptroller’s Office (HUB)? Only SCTRCA or HUB certifications granted to “local” firms are recognized. Please see the Good Faith Effort Plan Definition for “Local”:

Yes: \_\_\_\_\_\_\_No:\_\_\_\_\_\_\_

Type/s of Certification:

SBE:\_\_\_\_\_\_\_ MBE:\_\_\_\_\_\_\_ VBE:\_\_\_\_\_\_\_ WBE:\_\_\_\_\_\_\_

**Prime Contractor's Percentage of Participation: (Ex: 100% is the total value of the contract.) \_\_\_\_\_\_\_\_\_\_%**

**Describe your firm’s participation to be performed on this Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List **ALL** SUBCONTRACTORS/SUPPLIERS that will be utilized on this project/contract. (SMWVB **AND** Non-SMWVB)

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|  | **Legal Name of Subcontractor/Supplier (including “doing business as”, if applicable).** | **Address of Office Location to Perform Project Work or Provide Supplies. (Only Local firms will be counted for SMWVB credit):** | **Scope of Work/Supplies to be Performed/Provided by Firm:** | **Estimated Contract (dollar) Amount on this Project:** | **Certification Type****& Agency. (Only SCTRCA or HUB certifications are recognized):** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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| **SECTION B. – SMWB COMMITMENTS** |
| The SMWVB goal on this project is 20% |
| 1. The undersigned proposer has satisfied the requirements of the BID specification in the following manner (please check the appropriate space): |
|  The proposer is committed to a minimum of 20 % SMWVB utilization on this contract. |
| The proposer, (if unable to meet the SMWVB goal of 20%), is committed to a minimum of \_\_\_\_% SMWVB utilization on this contract. (If unable to meet the goal, please fill out Section C and submit documentation demonstrating good faith efforts). |
| 2. Name and phone number of person appointed to coordinate and administer the SMWVB requirements on this project. |
| Name:   |
| Title:   |
| Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Email Address:   |
| IF THE SMWB GOAL WAS MET, PROCEED TO AFFIRMATION AND SIGN THE GFEP. IF GOAL WAS NOT MET, PROCEED TO SECTION C. |
| **SECTION C – GOOD FAITH EFFORTS (Fill out only if the SMWVB goal was not achieved).** |
| 1. On a separate sheet of paper, list and attach to this Good Faith Effort Plan written, posted, or published notification to all firms you contacted with subcontracting/supply opportunities for this project that will not be utilized for the contract by choice of the proposer, subcontractor, or supplier. Notices to firms contacted by the proposer for specific scopes of work identified for subcontracting/supply opportunities must be provided to subcontractor/supplier ***not less than five (5) business days prior to bid/proposal due date*** . This information is required for all firms that were contacted of subcontracting/supply opportunities. |
| Copies of said notices must be provided to the SMWVB Program Manager at the time the response is due. Such notices shall include information on the plans, specifications, and scope of work. |
| 2. Did you attend the pre-bid conference scheduled for this project? Yes No |
| 3. List all SMWVB listings or directories, contractor associations, and/or any other associations utilized to solicit SMWB Subcontractors/suppliers: |
| 4. Discuss efforts made to identify elements of the work to be performed by SMWVBs in order to increase the likelihood of achieving the goal: |
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| 5. Indicate advertisement mediums used for soliciting bids from SMWVBs. (Please attach a copy of the advertisement(s): |
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| **AFFIRMATION** |
| I hereby affirm that the above information is true and complete to the best of my knowledge. I further understand and agree that,this document shall be attached thereto and become a binding part of the contract. |
| **Name and Title of Authorized Official:** |
| Name:   |
| Title:   |
| Signature:   |
| Date:   |
| **NOTE:** |
| This Good Faith Effort Plan is reviewed by SAWS Contracting Department. For questions and/or clarifications, please contactMarisol V. Robles, SMWVB Program Manager, at 210-233-3420. |

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| **DEFINITIONS** |
| **Note: To be eligible for participation in the SAWS Small, Minority, Woman, and Veteran-owned Business Program, a firm must be local, and must be certified as a Small Business Enterprise (SBE). This includes firms certified as Minority and/or Woman- owned Business Enterprises (MBEs and WBEs). SAWS tracks Veteran-owned Business Enterprises (VBEs) for statistical purposes, but does not award points for VBE participation.** |
| **Local:** A business located in the San Antonio Metropolitan Statistical Area (SAMSA) , which includes the counties of Atascosa, Bandera, Bexar, Comal, Frio, Guadalupe, Kendall, Kerr, McMullen, Medina, Uvalde and Wilson. A business’s presence in the SAMSA that consists solely of a P.O. box, a mail drop, or a telephone message center does not count as being local. |
| **Prime Consultant/Contractor:** Any person, firm partnership, corporation, association or joint venture which has been awarded a San Antonio Water System contract. |
| **Subconsultants/contractor:** Any named person, firm partnership, corporation, association or joint venture identified as providing work, labor, services, supplies, equipment, materials or any combination of the foregoing under contract with a prime consultant/contractor on a San Antonio Water System contract. |
| **Small, Minority and Woman Business (SMWB):** All business structures Certified by the Texas Comptroller’s Office (HUB), or the South Central Texas Regional Certification Agency that are 51% owned, operated, and controlled by a Small Business Enterprise, a Minority Business Enterprise, or a Woman-owned Business Enterprise. |
| **Small Business Enterprise (SBE):** A business structure that is Certified by the Texas Comptroller’s Office (HUB), or the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by someone who is legally residing in or a citizen of the United States, and the business structure meets the U.S. Small Business Administration’s (SBA) size standard for a small business within the appropriate industry category. |
| **Minority Business Enterprise (MBE**): A business structure that is Certified by the Texas Comptroller’s Office (HUB) or the South Central Texas Regional Certification Agency as being 51% owned, operated, and controlled by an ethnic minority group member(s) who is legally residing in or a citizen of the United States. For purposes of the SMWB program, the following are recognized as minority groups: |
| 1. **African American** – Persons having origins in any of the black racial groups of Africa.
2. **Hispanic American** – Persons of Mexican, Puerto Rican, Cuban, Spanish or Central or South American origin.
3. **Asian-Pacific American** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
4. **Asian-Indian American** – Persons whose origins are from India, Pakistan, Bangladesh or Sri Lanka.
5. **American Indian/Native American** – Persons having no less than 1/16 percentage origin in any of the American Indian Tribes, as recognized by the U.S. Department of the Interior’s Bureau of Indian Affairs and as demonstrated by possession of personal tribal role documents.
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| **Women Business Enterprise (WBE):** A business structure that is Certified by the Texas Comptroller’s Office (HUB), or the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by a woman or women who are legally residing in or citizens of the United States. |
| **African American Business Enterprise (AABE):** A business structure that is Certified by the Texas Comptroller’s Office (HUB), or the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by African American minority group member(s) who are legally residing in or are citizens of the United States. |
| **Joint Venture:** A limited association of two or more persons to carry out a single business enterprise for profit, for which purpose they combine their property, money, efforts, skills and knowledge. |

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| **Veteran-Owned Business Enterprise (VBE):** A business structure that is at least 51% owned, operated and controlled by an individual who served in the United States Armed Forces, and who was discharged or released under conditions other than dishonorable. Please note: This certification type should not be confused with the Service Disabled Veteran designation available through the Small Business Administration. |
| **Web Submittal of Subcontractor Payment Reports:**The Contractor will be required to electronically report the actual payments to all subcontractors, utilizing the Subcontractor Payment and Utilization Reporting (S.P.U.R.) System, beginning with the first SAWS payment for services under the contract, and with every payment thereafter (for the duration of the contract). Electronic submittal of monthly subcontractor payment information will be accessed through a link on SAWS’ “Business Center” web page. This information will be utilized for subcontractor participation tracking purposes. Any unjustified failure to comply with the committed SMWB levels may be considered breach of contract.The Contractor and all subcontractors will be provided a unique log-in credential and password to access the SAWS subcontractor payment reporting system. The link may also be accessed through the following internet address: <https://saws.smwbe.com/>  |