

**MINORITY- AND WOMAN-OWNED BUSINESS ENTERPRISE  
UTILIZATION COMMITMENT FORM**

The undersigned has satisfied the requirements of the specifications in the following manner (please check the appropriate space):

☐

The bidder is committed to M/WBE participation on this project equal to or greater than the goal stated in the bid and has submitted WITH ITS BID and attached hereto a Letter of Intent for each M/WBE subcontractor listed on the utilization plan.

OR

☐

The bidder is unable to meet the goal, is committed to a minimum of \_\_\_\_\_% M/WBE participation on this contract, and has submitted WITH ITS BID and attached hereto documentation of the bidder's Good Faith Efforts. Vendors shall also provide a Letter of Intent for each M/WBE listed on the utilization plan, if applicable.

Bidder: \_\_\_\_\_

By: \_\_\_\_\_  
Signature Date

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

\*\*Bidders that are M/WBE and completing the percentage of the goal as the prime for this project shall submit this completed form and their certification(s).

\*\*Bidders may utilize the Letter of Intent form provided within this package or may submit vendors own letterhead.

## M/WBE UTILIZATION PLAN

The M/WBE Utilization Plan must be completed and submitted by the time specified in the solicitation documents. Refer to the M/WBE Utilization Plan TIP SHEET for guidance on completing these forms. If the goal was not achieved, Good Faith Efforts documentation must be submitted with the M/WBE Utilization Plan. All steps regarding the Good Faith Efforts MUST be documented and submitted with the M/WBE Utilization Plan if the goal is not met. Attach additional sheets as necessary.

### Section I — Project Identification and Goal

|                            |                                                                                   |
|----------------------------|-----------------------------------------------------------------------------------|
| <b>Project Name</b>        | RFP - Fire Inspection Management Software for Harris County Fire Marshal's Office |
| <b>Solicitation Number</b> | 26/0275                                                                           |

| Project Goal |    |   |
|--------------|----|---|
| M/WBE        | 15 | % |

### Section II — Prime Company Information

|                                                           |                                                                                                       |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Name of Company                                           |                                                                                                       |
| Address                                                   |                                                                                                       |
| City, State Zip                                           |                                                                                                       |
| Phone                                                     |                                                                                                       |
| Name of Contact Person                                    |                                                                                                       |
| Email address for Contract Person                         |                                                                                                       |
| Telephone number for Contract Person                      |                                                                                                       |
| Is prime company M/WBE certified? (MBE/WBE, DBE, or 8(a)) | Yes <input type="checkbox"/> No <input type="checkbox"/> M/WBE Joint Venture <input type="checkbox"/> |

**I certify that the information included in this *Utilization Plan* is true and complete to the best of my knowledge and belief. I further understand and agree that this *Utilization Plan* shall become a part of my contract with Harris County.**

\_\_\_\_\_  
**Name and Title of Authorized Representative**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For County Use Only:**

I have reviewed this Utilization Plan and found that the Bidder ☐ HAS or ☐ HAS NOT complied as per the County M/WBE Policy.

Reviewer \_\_\_\_\_ Date: \_\_\_\_\_

*Tips: Use the name of the firm as listed in the directory.  
Ensure the firm is certified in the area in which they are participating on this project by one of the approved agencies and include a copy of the certification.  
Ensure the firm's participation is in line with the scope and germane to the project.*

### Section III — Utilization Plan Summary

| Goals: Proposed Participation         |  |  |   |
|---------------------------------------|--|--|---|
| Bidder's own participation in project |  |  | % |
| M/WBE(s): (MBE/WBE, DBE, or 8(a))     |  |  | % |
| Non-Certified Subcontractor(s)        |  |  | % |
| Total Participation (must equal 100%) |  |  | % |

Is the stated M/WBE goal of the solicitation met?

Yes ☐

No ☐

Explanation for not meeting the M/WBE Goal (Documentation of Good Faith Efforts must be attached):

**For County Use Only:**

Verified Goal Attainment:

M/WBE\_\_\_\_%

**Section IV — Disclosure of M/WBE Participation**  
Please list all M/WBE subcontractors below & Duplicate as Needed

- *Use the name of the M/WBE firm as listed in the certified directory. Ensure the firm is certified by one of the approved agencies.*
- *Ensure the M/WBE firm's participation is in line with the NAICS/NIGP code it is certified for.*
- *Ensure the M/WBE firm meets Significant Local Presence requirements.*
- *Refer to Harris County M/WBE Policy for trucking companies to be used on a contract. Trucking companies must meet policy requirements to count for M/WBE goal credit. M/WBE trucking brokers shall only receive credit for the fees and commissions of the work which may be insufficient to meet the goal.*

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of M/WBE Certified Firm                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>Must be certified by one of the approved agencies:</p> <p>-Certification MUST be current</p> <p>-Copy of certificate must be submitted with this form</p> <p>* Ensure the M/WBE firm meets Significant Local Presence requirements and provide supporting documentation if address is outside of market area (see Tip Sheet).</p> | <p><input type="checkbox"/> City of Houston: MBE/WBE/DBE</p> <p><input type="checkbox"/> Texas Unified Certification Program: DBE</p> <p><input type="checkbox"/> U.S. Small Business Administration: 8(a)</p> <p><input type="checkbox"/> Houston Minority Supplier Development Council (HMSDC): MBE</p> <p><input type="checkbox"/> National Minority Supplier Development Council (NMSDC): MBE</p> <p><input type="checkbox"/> Women's Business Enterprise Alliance (WBEA): WBE</p> <p><input type="checkbox"/> Women's Business Enterprise National Council (WBENC): WBE</p> |
| Address/ City / State / Zip                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Name of M/WBE Compliance Contact Person                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Email address for Contact Person                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Telephone number for Contact Person                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Percent of Total Contract Value                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Description of services (must match NAICS/NIGP code)                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6-digit NAICS/NIGP code for work to be performed                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

*Continued on next page.*

**Section IV — Disclosure of M/WBE Participation**  
Please list all M/WBE subcontractors below & Duplicate as Needed

|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of M/WBE Certified Firm                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Address/ City / State / Zip                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 6-digit NAICS/NIGP code for work to be performed                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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**Section IV — Disclosure of M/WBE Participation**  
Please list all M/WBE subcontractors below & Duplicate as Needed

|                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Percent of Total Contract Value                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 6-digit NAICS/NIGP code for work to be performed                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Percent of Total Contract Value                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description of services (must match NAICS/NIGP code)                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6-digit NAICS/NIGP code for work to be performed                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**SECTION V — Disclosure of Non-Certified Subcontractors**  
Duplicate As Needed

|                                             |  |
|---------------------------------------------|--|
| Name of Non-Certified Firm                  |  |
| Address/ City / State / Zip                 |  |
| Name of Contact Person                      |  |
| Email address for Contact Person            |  |
| Telephone number for Contact Person         |  |
| Percent of Subcontract                      |  |
| Description of services                     |  |
| 6-digit NAICS code for work to be performed |  |

|                                             |  |
|---------------------------------------------|--|
| Name of Non-Certified Firm                  |  |
| Address/ City / State / Zip                 |  |
| Name of Contact Person                      |  |
| Email address for Contact Person            |  |
| Telephone number for Contact Person         |  |
| Percent of Subcontract                      |  |
| Description of services                     |  |
| 6-digit NAICS code for work to be performed |  |

|                                             |  |
|---------------------------------------------|--|
| Name of Non-Certified Firm                  |  |
| Address/ City / State / Zip                 |  |
| Name of Contact Person                      |  |
| Email address for Contact Person            |  |
| Telephone number for Contact Person         |  |
| Percent of Subcontract                      |  |
| Description of services                     |  |
| 6-digit NAICS code for work to be performed |  |



## LETTER OF INTENT TO SUBCONTRACT

Project Number \_\_\_\_\_

Project Title \_\_\_\_\_

\_\_\_\_\_ (“Contractor”) agrees to enter a contractual  
agreement with \_\_\_\_\_ (“M/WBE Subcontractor”), who will  
provide the following goods/services in connection with the above-referenced contract:

Pursuant to Harris County’s M/WBE policy, only M/WBE firms which are currently certified with one of Harris County’s recognized certifying agencies may be counted towards meeting the M/WBE goal at the subcontracting level.

Insert a brief narrative describing the goods/services to be provided. Broad categorizations (e.g., “electrical,” “plumbing,” etc.) or the listing of the NAICS Codes in which M/WBE Subcontractor is certified are insufficient and may result in this Letter of Intent to Subcontract not being accepted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for an estimated amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % of the total estimated contract value.

The parties acknowledge that any obligation of the prime contractor to enter into a subcontract agreement or purchase order with the subcontractor is expressly contingent upon the prime contractor entering into a contract with Harris County for the work as defined in the bid/proposal.

This document must be completed in its entirety by the Contractor and signed by both the Contractor and the M/WBE Subcontractor.

Any false statements or misrepresentations regarding information submitted on this form may be a criminal offense in violation of Section 37.10 of the Texas Penal Code.

Contractor agrees to utilize M/WBE Subcontractor in the capacities indicated herein, and M/WBE Subcontractor agrees to work on the above-referenced contract in the capacities indicated herein, contingent upon award of the contract to Contractor.

\_\_\_\_\_  
Signature: Contractor

\_\_\_\_\_  
Signature: M/WBE Subcontractor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# Significant Local Presence (SLP) Form

**Any M/WBE being listed for M/WBE credit on a Utilization Plan, whether prime contractor or subcontractor, that does not have a business address in the market area is required to provide proof of their SLP to DEEO.**

- To establish a SLP, a M/WBE firm must have a location in the market area of Harris, Fort Bend, Montgomery, Brazoria, or Galveston counties in Texas.
- If the M/WBE business does not have location in the counties above, documentation **MUST** be provided demonstrating that it has performed on at least three (3) contracts or subcontracts, in the market area within the last three (3) years.
- A location utilized solely as a post office box, mailbox, or telephone message center, or any combination thereof, with no substantial work function, shall not be construed as Significant Local Presence.
- Contracts that are procured with federal funds may be exempt from this requirement, as geographic preference cannot be utilized on certain federal contracts.

Please complete the chart(s) below to verify SLP:

M/WBE Name: \_\_\_\_\_

| Contract Number | Client Name | Contract Title | Contract Dates | Scope of Work |
|-----------------|-------------|----------------|----------------|---------------|
|                 |             |                |                |               |
|                 |             |                |                |               |
|                 |             |                |                |               |

M/WBE Name: \_\_\_\_\_

| Contract Number | Client Name | Contract Title | Contract Dates | Scope of Work |
|-----------------|-------------|----------------|----------------|---------------|
|                 |             |                |                |               |
|                 |             |                |                |               |
|                 |             |                |                |               |

M/WBE Name: \_\_\_\_\_

| Contract Number | Client Name | Contract Title | Contract Dates | Scope of Work |
|-----------------|-------------|----------------|----------------|---------------|
|                 |             |                |                |               |
|                 |             |                |                |               |
|                 |             |                |                |               |

M/WBE Name: \_\_\_\_\_

| Contract Number | Client Name | Contract Title | Contract Dates | Scope of Work |
|-----------------|-------------|----------------|----------------|---------------|
|                 |             |                |                |               |
|                 |             |                |                |               |
|                 |             |                |                |               |