

# Attachment D

## Massachusetts School Building Authority

### Supplier Diversity Program (SDP) Plan Form

**Instructions:** Completing all parts of this form is mandatory. Please read "Supplier Diversity Program Instructions" before completing. **Complete one form for each Certified M/WBE Business that you partner with.** For a complete list of Massachusetts certified vendors please go to <http://www.mass.gov/sdo>.

#### Part I Respondent Information

**Business Name:** \_\_\_\_\_

**Full Address:** number, street, and apt. or suite no., city, state, zip

**Contact Name:** \_\_\_\_\_

**Phone # ( )** \_\_\_\_\_

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

**Check one of the following if applicable:**

MBE  WBE  M/WBE  M/W Non-Profit

If not yet certified, check here if you have applied for Certification:

**Certification Expiration Date If Applicable** (copy of the SDO certification letter must be attached):

#### Part II SDP Partner (Cannot be the same company as the Respondent or an affiliate)

**M/WBE Business Name:** \_\_\_\_\_

**Full Address:** number, street, and apt. or suite no., city, state, zip

**Contact Name:** \_\_\_\_\_

**Phone # ( )** \_\_\_\_\_

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

**Check one of the following if applicable:**

MBE  WBE  M/WBE  M/W Non-Profit

If not yet certified, check here if your partner has applied for Certification:

**Certification Expiration Date If Applicable** (copy of the SDO certification letter must be attached):

#### Part III Description of Business Relationship

**Check a minimum of one of these options that best describe the business relationship between Respondent and SDP Partner:**

- Subcontract:** include a copy of the written agreement between the Respondent and Subcontractor.
- Ancillary:** include a copy of the written agreement between the Respondent and Ancillary Partner.
- Growth & Development:** enclose plan for education, training, sponsorship, mentoring, resource sharing, and/or other initiatives.

**Briefly describe the products and/or services the SDP Partner will provide your business:**

#### Part IV Financial Commitment

**Provide information on the committed amount (as a percentage of Respondent's gross revenue derived from this contract or as an exact dollar figure) to be spent with the certified SDP Partner as part of this relationship.**

Annual Amount or Percentage	or separately for each contract year	Year 1 Amount or Percentage	Year 2 Amount or Percentage	Year 3 Amount or Percentage	Year 4 Amount or Percentage	Year 5 Amount or Percentage

#### Part V Past Performance

Have you had past relationships/spending with this SDP partner  Yes  No

**If yes, please provide total spending in previous two years \$**

<b>Sign Here:</b>	Print Name ►	Title ►
	Authorized Signature ► _____	Date ►

# Massachusetts School Building Authority

## Supplier Diversity Program (SDP) Plan Form Instructions

### Part I

**Respondent Information:** Business name, full address, contact name, phone #, email address and your M/WBE certification status (in Massachusetts from the Supplier Diversity Office (SDO) or any other state), if you have one, i.e. If you are certified, please put in the expiration date of your certification. Submit a copy of your SDO or other states' M/WBE certification, if applicable. Please be aware that a Respondent, which is a Massachusetts SDO certified vendor, may be found "Advantageous," based on the Respondent's Massachusetts certification status.

### Part II

**SDP Partner** must be a Women Owned (WBE), Minority Owned (MBE) or Minority and Woman Owned (M/WBE) Business Enterprise or Woman Nonprofit (WNP) or Minority Nonprofit (MNP) certified by the Supplier Diversity Office. **The MSBA will accept and treat equally those Respondent's who certify to and submit evidence of a relationship with any business that is certified in any other state as minority and/or women owned.** You must include the partner's business name, full address, contact name, phone #, email address and certification status (whether in Massachusetts or another state). You must also submit a copy of the partner's certification (with Massachusetts or another state) or check the applicable box stating that they have applied for Certification. For a complete list of Massachusetts SDO certified vendors please visit the SDO website at [www.mass.gov/sdo](http://www.mass.gov/sdo). Please note that if you are a certified vendor you cannot put yourself as the SDP partner or an affiliate but will be required to partner with another SDO M/WBE-certified business. However, as previously noted, if a Respondent is certified by the Massachusetts SDO Office, such Respondent may be found "Advantageous" based on that Massachusetts SDO Certification.

### Part III

**Description of Business Relationship:** In this section the prime Respondent must provide a description of the business relationship with the SDP Partner. Please refer to the SDP section of this RFR and to determine if any of these options are required in your Response and to determine how many options you can use for your SDP plan. For example, unless the RFR requires otherwise, you can select Subcontracting and Growth and Development or you can select Ancillary Services and Growth and Development. In order to be found "Advantageous" in this section of the Phase II review, you must evidence at least one business relationship and provide a description of the services rendered.

- 1) Subcontracting: submit SDP Plan Form, a partnership agreement and SDP partner's certification.
- 2) Ancillary: submit SDP Plan Form, a partnership agreement (if available) and SDP partner's certification.
- 3) Growth and Development: submit SDP Plan Form, growth and development plan (please use a separate sheet) and SDP partner's certification.

In the event the Respondent has no information to provide in connection with the SDP Plan Form, the Respondent may make that statement on the form but must still submit a signed SDP Plan Form.

### Part IV

**Financial Commitment:** provide the minimum amount you will spend with the SDP partners as a percentage of the gross revenue derived from the contract or an exact dollar amount. If you select the same percentage or dollar amount for each contract year, please input this information in the Annual Amount or Percentage field(s). If the committed amount is different each contract year, input the percentage or dollar amount in the field that corresponds with the appropriate contract year.

### Part V

**Past Performance:** Historical spending with the SDP partner. If you have a previous relationship with this partner provide the total for the past two years

Resources available to assist Respondents in finding potential Massachusetts - M/WBE partners can be found at:  
<http://www.mass.gov/Eoaf/docs/osd/sdo/sdp/20guidance.doc>