

**THE HAMILTON COUNTY
CORONER'S OFFICE - CRIME LAB PROJECT**

**ECONOMIC INCLUSION POLICY
*SMALL BUSINESS ENTERPRISE INITIATIVE***

I. Purpose:

The Board of Commissioners, Hamilton County, Ohio, (“Board”) is committed to promoting the economic inclusion of all people in Hamilton County regardless of race, gender, disability, national origin, sexual orientation, or gender identity. It established the Office of Economic Inclusion to promote inclusion in County procurement and employment practices. The Board finds Small Business Enterprises (SBEs) provide employment and economic growth in Hamilton County, Ohio. The Board further finds that encouraging the participation of Small Businesses in Hamilton County construction projects undertaken by departments reporting through the County Administrator to the Board (“Projects”) will benefit all residents of Hamilton County, Ohio. Hamilton County is an equal business opportunity governmental entity, and has strived to provide, and will continue to provide, equal business opportunities to diverse groups within our region.

II. Definition of Small Business Enterprise (“SBE”)

A Small Business Enterprise (SBE) is defined as a business concern that is independently owned and operated and which meets the detailed definitions or size standards established by the Administrator of the Small Business Administration. In addition, those businesses that qualify as a Small Business are encouraged to become a certified minority or women-owned business, if appropriate. Hamilton County will accept Small Business Enterprise certifications by the agencies listed in **Appendix A**, attached hereto.

III. Duties of the Director of the Hamilton County Office of Economic Inclusion

The Director of the Office of Economic Inclusion (“Director”) shall work with the Hamilton County Departments and, where appropriate, the Crime Lab Project, project manager or architect to do the following:

1. Identify potential SBE prime Trade Contractors;
2. Identify potential SBE subcontractors for prime Trade Contractors;
3. Verify compliance with the SBE Inclusion Program; and,

4. Provide assistance throughout the Project to SBE subcontractors where such assistance may not be available from prime Trade Contractors.

IV. Actions to be taken to Promote Participation of SBEs in the Hamilton County Crime Lab Project

1. Qualified SBE Identification
 - a. The Director shall obtain, and make available listings SBE contractors by trade, location and bid activity.
 - b. During the Project's prebid phase, the Director shall initiate a comprehensive notice program. Utilizing available SBE listings, the Director will provide SBE Contractors with notice of potential prime Trade Contractor opportunities upon which the SBEs could bid.
2. SBE Listings and Agencies the Director will use to help promote the SBE Inclusion Program by disseminating information throughout Hamilton County.

African American Chamber Of Commerce
City of Cincinnati Department of Economic Inclusion
Downtown Cincinnati Inc.
Cincinnati USA Regional Chamber of Commerce
Hamilton County Development Center
Hamilton County Economic Inclusion Advisory Council
Hispanic Chamber Cincinnati USA
Northern Kentucky Chamber of Commerce
Ohio Minority Supplier Development Council
Ohio River Valley – Women's Business Council
State of Ohio SBA 8(a) Contractors Listing
U.S. Small Business Administration

3. Bid Package Design

The Hamilton County Department Head, or his or her designee, in conjunction with the Director shall review project bid packages. Subject to competitive bidding requirements, cost effectiveness, and schedule compliance, bid packages will be designed to encourage participation by SBE contractors as prime Trade Contractors, subcontractors and/or suppliers. SBE participation goals will be set in prime Trade Contracts where prime Trade Contractors would normally utilize subcontractors and suppliers.

4. Bid Advertisement

The Director will use formal advertisement procedures as required by law to advertise contracting opportunities to businesses, and will alert business development and support organizations of contracting opportunities as well.

5. Contract Award

In an effort to encourage SBE participation, the Board will include within the Project bid manuals; special provisions that are substantially similar to those contained in **Appendix C**, attached hereto. As required by the Ohio Revised Code, the Board must award all prime Trade Contracts for Hamilton County Projects to the “Lowest and Best” bidder, based upon announced evaluation criteria.

V. Actions to be taken to Monitor Participation of SBEs in the Hamilton County Crime Lab Project

1. The Director shall explore and make recommendations to the Board through the County Administrator, regarding the best method to accurately monitor participation levels of SBEs in the Crime Lab Project.
2. Among other steps to be taken, on recommendation of the Director to the Board, an auditing firm may be employed to accurately report participation levels of SBEs as directed in each contract at regular intervals.
3. The bid package shall require the successful bidder to accurately report the participation levels of SBEs on the forms substantially similar to those attached hereto as **Appendix C**.

SMALL BUSINESS INCLUSION PROGRAM - Appendix A

Hamilton County, Ohio Small Business Enterprise

Recognized Certification Agencies

City of Cincinnati
Department of Economic Inclusion
805 Central Avenue, Suite 600
Two Centennial Plaza
Cincinnati OH 45202-1947
(513) 352-3154
Certifies SBE (s), MBE (s), WBE (s)

U.S. Small Business Administration (SBA)
Columbus District Office
8(a) Business Development Program
2 Nationwide Plaza, Suite 1400
Columbus OH 43215-2542
(614) 469-6860
www.sba.gov/oh/columbus/medcolu.html
Certifies SBE (s)

State of Ohio Department of
Administrative Services
Equal Opportunity Division
30 East Broad Street, 18th Floor
Columbus, OH 43215
(614) 466-8380
MBE (s), EDGE

Ohio River Valley
Women Business Council (WBENC)
3458 Reading Road
Cincinnati, OH 45229
Sheila A. Mixon: (513) 487-6537
smixon@orvwbc.org
Certifies SBE (s) WBE (s)

State of Ohio, Department of
Transportation (ODOT)
Office of Equal Opportunity
1980 West Broad Street
Columbus, OH 43223
(614) 644-8436 or 1-800-459-3778
www.dot.state.oh.us/ptrans
Certifies SBE (s) DBE (s)

Ohio Minority Supplier Development Council
Chase Building
100 East Broad Street, Suite 2460
Columbus, OH 43215
mflood@ohiomsdc.org
614-225-6959, Ext. 208
Certifies SBE (s), MBE (s)

SMALL BUSINESS INCLUSION PROGRAM - Appendix B

HAMILTON COUNTY ADDITIONAL BID CONDITIONS

1.1 GENERAL

A. The contracting practices utilized on this project shall conform to the Board of County Commissioners Crime Lab Project SBE Inclusion Program. Compliance with County “Good Faith Efforts” to achieve contracting goals is one factor that will be considered in the determination of the award. SBE Inclusion Program is available for review at the offices of the Owner.

B. The following documents are additional bid conditions and are supplemental to the Instructions to Bidders.

Special Provisions – SBE Goals

C. Also see **Appendix C** for further detailed instructions concerning compliance with the Small Business Inclusion Program.

SMALL BUSINESS INCLUSION PROGRAM - Appendix C

HAMILTON COUNTY ADDITIONAL BID CONDITIONS

SPECIAL PROVISIONS

SBE GOALS

1. **PURPOSE:** The Contractor shall employ “**GOOD FAITH EFFORTS**” to achieve Hamilton County’s SBE aspirational participation goals as part of its effort to submit the lowest and best bid. The SBE goals for this contract are set forth by the Owner in the Specifications – General Requirements - Descriptions of Contracts.

2. **DEFINITIONS:** As used in this section, the following words have the meaning indicated.
 - A. “Small Business Enterprise” (“SBE”) is defined as a business concern that is independently owned and operated and meets detailed definitions or size standards established by the Administrator of the SBA. References throughout this section to small business shall mean Small Business Enterprise (SBE).

 - B. “Contractor” means any bidder on any contract herein.

 - C. “Goal” is defined as the amount of work, material or service that in the Project Manager’s judgment, from previous experience, would reasonably be expected to be able to be provided or performed by SBEs in the Greater Cincinnati Metropolitan Area on a Contract similar to that which is being bid.

 - D. “Good Faith Efforts” are a specific list of activities that could be done by a contractor in order to demonstrate a bona fide effort to achieve the SBE contracting goals as outlined in the contract (See Page 28).

3. **SBE PROJECT GOALS**

Hamilton County in conjunction with the Crime Lab Project’s Project Manager will establish aspirational goals for the utilization of SBEs for each contract in the project. The goals in different contracts will differ, because under certain contracts, SBE participation may not be envisioned to be possible in the same proportion. The Hamilton County encourages the use of SBE firms as first-tier subcontractors and/or joint ventures.

The overall SBE goal for this particular project is 30% for SBEs. This has been set forth in the Description of Contract, and is expressed in terms of a percentage of the total dollar value of such contract.

Inability of a Contractor to meet the established SBE goal will not exclude said Contractor from award of a contract if deemed to be "Lowest and Best" bid. Refusal to employ and document "Good Faith Efforts" to include SBE when requested may be cause for non-award of contract.

4. CONTRACTOR RESPONSIBILITIES

A. A SBE participation goal for this Contract is set forth in The Description of Contract. The Contractor agrees that he will make "Good Faith Efforts" to achieve the specified amount of the Contract to be performed by SBEs.

B. If awarded the Contract:

- A Contractor shall employ Good Faith Efforts to accomplish an amount of work not less than the SBE business participation rate set forth in its SBE Compliance Plan.
- Indicate and record (for general reporting purposes only) if any of the SBEs utilized are minority or female owned.

C. The Contractor, by submitting its bid, consents to provide such documentation as required by the Owner or Project Manager, and to provide right of entry at any reasonable time for the Owner's representative verifying SBE business participation.

D. COMPLIANCE

I) Each Bidder must submit a SBE Compliance Plan (refer to **Appendix C**) with its Bid. **Failure to submit a Goal Compliance Plan with the Bid and other documentation may result in rejection of the Bid.**

II) When a SBE business performs on more than one contract with the same prime contractor, all references to payment activity must be maintained separately for each contract.

A. Contractor shall indicate on the Contractor's Affidavit of Payment of Debts & Claims, Business Payment summaries.

- B. Contractor shall provide information to the Owner upon request, regarding S/M/WBE participation. Such information may include subcontract agreements and purchase orders, canceled checks (front and back), invoices, payment verification, and certified payrolls.
- III) The Owner and its agents may make periodic visits to the work site to verify SBE participation and control of work and workforce. The Owner or their designee may interview any member of workforce of subcontractors, or any member of the workforce of the Contractor.
- IV) In order to receive credit for the purchase of materials and supplies, the small business shall be certified as a supplier or shall itself purchase the materials and supplies that the SBE business will install and in addition, shall choose the vendor, negotiate the cost, arrange delivery of, and pay for the materials and supplies required for the work of the contract. Invoices for materials shall be invoiced to the SBE firm and not to the prime contractor. The Owner may periodically review invoices for materials to confirm SBE participation. SBE suppliers of materials and supplies should count towards SBE goals. The value of any supplies furnished by a Non-Certified SBE will be separately identified in all reports.

5. GOOD FAITH EFFORT TO MEET SBE ASPIRATIONAL PERCENTAGE GOALS

By submitting a signed bid, the Contractor certifies that it shall make “Good Faith Efforts” to achieve the established aspirational percentage goals for utilization of the SBE businesses as subcontractors and/or material supply or service providers appropriate to the project on which it bids.

6. DEFAULTING SBE SUBCONTRACTORS, MATERIAL OR SERVICE SUPPLIER

If a SBE business/subcontractor, material or service supplier is unable to perform successfully, the Contractor is expected to make good faith efforts to replace said SBE subcontractor, material or service supplier with another qualified SBE business, unless doing so would cause an unreasonable increase in the project cost or an unreasonable delay in project construction schedule.

7. PENALTIES

- A. Failure of a Contractor to demonstrate “Good Faith Efforts” to attain the Project’s SBE goals may constitute grounds for Hamilton County to declare Contractor’s bid non-responsive.

- B. As with other Contract requirements, failure of the successful Contractor to carry out the SBE assurances set forth in its Contract may constitute a breach of Contract, and after notification by Hamilton County may result in default termination of the Contract by the County.

8. RECORDS AND REPORTS

- A. The Contractor shall maintain such records as are necessary to confirm “Good Faith Effort” for small business participation. For tracking purposes only, tracking records shall indicate the identity of the small business, the type of work performed by each, and the actual dollar value of work, services and procurement achieved by each Contractor and subcontractor (see Form 2005).
- B. The Contractor shall submit information with his monthly cost breakdown for progress payments that indicate the dollar value of contracts awarded to small businesses. This information will be submitted as a supplement to the Cost Breakdown For Progress Payments. Failure of the Contractor to submit the required supplementary participation information may result in delays in processing progress payments.

HAMILTON COUNTY CRIME LAB SBE PROGRAM REQUIREMENTS

It is the policy of the Board of Commissioners, Hamilton County, Ohio (“County”) that Small Business Enterprises (“SBEs”) have equal opportunities to participate in the performance of Trade Contracts on the project noted in this solicitation (“Project”). **All Bidders must comply with applicable Hamilton County requirements to ensure that SBEs have equal opportunities to compete for and perform on Trade Contracts.** Hamilton County and its Prime Contractors shall not discriminate on the basis of race, gender, disability, religion, national origin, age, sexual orientation, gender identity, or other unlawful basis in the award and performance of Trade Contracts.

Prime Contractors seeking to participate on this Project agree to ensure SBEs, minority and women-owned businesses, as well as veteran-owned businesses and disability-owned businesses and other have the equal opportunity to participate in the performance of Trade Contracts. A Prime Contractor submitting a bid or proposal on this Project (“Bidder”) is asked to make good faith efforts to meet or exceed the goal for **SBE** participation. The County encourages Bidders to aspire to meet or exceed the **SBE** participation goal for this Project.

In order to assure equal opportunity **SBE** participation, **each Bidder must submit the SBE Goal Compliance Plan with its bid. Failure to submit the SBE Goal Compliance Plan with the bid and other documentation that may be requested shall result in rejection of the bid.**

In order to evaluate **SBE** Participation, all Bidders are to submit the forms included with Appendix C with their bid. **These forms are not intended to be exclusive or exhaustive, and the Bidder should attach additional sheets, as necessary, to fully explain its good faith efforts in accordance with the requirements of The Hamilton County SBE Inclusion Program.**

This Appendix C supersedes and is controlling over any possible conflicting information in any of the other appendices (A – B) of the Hamilton County Crime Lab Project Small Business Inclusion Program.

SBE GOAL COMPLIANCE PLAN

CONTENTS INCLUDE:

1. SBE Goal Compliance Plan Instructions
2. Cover Page
3. SBE Goal Compliance Plan - Parts A, B, C, and D

**HAMILTON COUNTY
SBE GOAL
PROGRAM COMPLIANCE PLAN
INSTRUCTIONS**

Each Bidder shall submit a SBE Goal Compliance Plan with its Bid. The Compliance Plan consists of the signed Cover Sheet and Parts A, B, C, and D. Please direct any questions regarding preparation of the SBE Goal Compliance Plan to the Director of The Office of Economic Inclusion.

How To Complete the SBE Goal Compliance Plan:

Complete, sign and date the SBE Goal Compliance Plan Cover Sheet

1. Complete the Part(s) per the instructions applicable to the Bidder:

A. PART A instructions must be followed by:

- Bidders who are SBEs who meet the Participation Goal without the use of SBE subcontractor/suppliers.
- Bidders who are a Joint Venture which include a SBE and meet the Participation Goal without the use of SBE subcontractor/suppliers.

B. PART B instructions must be followed by:

- Bidders who will meet the Participation Goal by subcontracting with SBE subcontractor/suppliers.
- Bidders who are SBE Joint Ventures which include and only meet the Participation Goal with the use of SBE subcontractor/suppliers.

C. PART C instructions must be followed by:

- Bidders who do not meet the Participation Goal but seek a partial or total exemption and have exercised good faith efforts to meet the Participation Goal.

D. PART D instructions must be followed by:

- Bidders who do not meet the Participation Goal but seek exemption because the Bidder will perform the work of the entire Trade Contract with its own forces, without the use of subcontractors, and by using materials, supplies or equipment in Bidder's existing inventory or obtained pursuant to existing contracts.

**SBE GOAL COMPLIANCE PLAN
COVER PAGE**

Project Name: _____

Project Solicitation Number: _____

SBE Participation Goal indicated in the solicitation: % _____

Date: _____

Bidder Name: _____

Contact Person: _____

Telephone No.: _____

Fax No.: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total Base Bid Price \$ _____ Total SBE Participation \$ _____ % _____

THIS PLAN MUST BE SIGNED AND SUBMITTED WITH THE BID DOCUMENTS.

I certify that the information included in this SBE Goal Compliance Plan is true and complete to the best of my knowledge and belief. I further understand and agree that this SBE Goal Compliance Plan shall become a part of my Trade Contract with Hamilton County.

Name and Title of Authorized Representative (Print)

Signature

Date

SBE GOAL COMPLIANCE PLAN

Part A: SBE Prime Contractor and Joint Ventures
--

If you are a SBE Prime Contractor or a Joint Venture which includes a SBE and you meet the Participation Goal without the use of subcontractor/suppliers, disclose the level of SBE participation here expressly providing the dollar amount, percentage, and scope of work of the qualifying SBE prime or venture(s).

BIDDER INFORMATION:

1. **Bidder is an SBE:** YES / NO (circle answer) If YES, complete the following:

Total Base Bid Price \$ _____

Percentage of work to be performed by Bidder without subcontractor/suppliers: % _____

2. **Bidder is a SBE Joint Venture:** YES / NO (circle answer). If YES, complete the following:

Name of SBE participating in Joint Venture: _____

Address of SBE: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone No.: _____

Description of Work: _____

Total Base Bid Price \$ _____

Percentage of SBE ownership in Joint Venture % _____

(Copy of signed Joint Venture Agreement to be submitted to the Project Manager within one business day, upon request)

Project Name _____
Project # _____
Contract Representative (Print Name) _____
Signature _____

Part B: Bidders who will meet the Participation Goal by subcontracting with SBE subcontractor/suppliers

All Bidders who will meet the Participation Goal, in whole or in part, by subcontracting with SBE subcontractor/suppliers shall disclose the identity of the SBE subcontractors/suppliers who are to be utilized in the execution of this Trade Contract. For each identified SBE subcontractor/supplier, the Bidder must submit a Letter of Intent (LOI), within 3 business days of when requested by the Project Manager. Bidders who meet the balance of the Participation Goal because they are a SBE Joint Venture, which includes SBE subcontracting must also complete the information requested in Paragraph 2 of Part A.

SUBCONTRACTOR/SUPPLIER INFORMATION: (Attach additional sheets if necessary)

Name of SBE subcontractor/supplier: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone No.: _____

Amount of Subcontract: \$ _____ (%) of Trade Contract: _____

Description of Work: _____

Name of SBE subcontractor/supplier: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone No.: _____

Amount of Subcontract: \$ _____ (%) of Trade Contract: _____

Description of Work: _____

Name of SBE subcontractor/supplier: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone No.: _____

Amount of Subcontract: \$ _____ (%) of Trade Contract: _____

Description of Work: _____

Part C: Bidders who do not meet the Participation Goal but seek a partial or total exemption and have exercised good faith efforts to meet the Participation Goal

Bidders who do not meet the Participation Goal but seek an exemption, in whole or in part, and have exercised good faith efforts to meet the Participation Goal must submit the following information.

1. Bidders who partially meet the Participation Goal by subcontracting with SBE subcontractor/suppliers shall disclose in Part B the identity of the SBE subcontractors/suppliers who are to be utilized in the execution of this Trade Contract. For each identified SBE subcontractor/supplier, the Bidder must submit a Letter (LOI). If Bidder is seeking a total exemption, please skip this Paragraph and submit the information required by Paragraph 2 below only.
2. All Bidders who seek a partial or total exemption and the Bidder has exercised good faith efforts to meet the Participation Goal shall complete and submit with their bid the Statement of Good Faith Efforts. **See page 28.**

Part D: Bidders who seek to perform the work of the entire Trade Contract with their own work force, without the use of subcontractors, and using materials, supplies or equipment in Bidder's existing inventory or obtained pursuant to existing contracts.

Bidders who do not meet the Participation Goal but seek an exemption because the Bidder will perform the work of the entire Trade Contract with its own work force, without the use of subcontractors, and by using materials, supplies or equipment in Bidder's existing inventory or obtained pursuant to existing contracts must submit the following information. Bidder must demonstrate that use of subcontractor/suppliers is not the Bidder's normal business practice.

The following are recent projects similar in size and scope to this Project that the Bidder has completed with its own work force, without the use of subcontractors, and by using materials, supplies or equipment in Bidder's existing inventory or obtained pursuant to existing contracts without the use of any subcontractor/suppliers. **Bidder must provide information for at least three projects.**

PROJECT 1:

Name of the Project: _____

Name of the Project Owner: _____

Owner Contact Person and Phone Number: _____

Description of Work Performed: _____

Bidder's Contract Amount: _____ Construction Period (Dates): _____

PROJECT 2:

Name of the Project: _____

Name of the Project Owner: _____

Owner Contact Person and Phone Number: _____

Description of Work Performed: _____

Bidder's Contract Amount: _____ Construction Period (Dates): _____

PROJECT 3:

Name of the Project: _____

Name of the Project Owner: _____

Owner Contact Person and Phone Number: _____

Description of Work Performed: _____

Bidder's Contract Amount: _____ Construction Period (Dates): _____

PROJECT 4:

Name of the Project: _____

Name of the Project Owner: _____

Owner Contact Person and Phone Number: _____

Description of Work Performed: _____

Bidder's Contract Amount: _____ Construction Period (Dates): _____

PROJECT 5:

Name of the Project: _____

Name of the Project Owner: _____

Owner Contact Person and Phone Number: _____

Description of Work Performed: _____

Bidder's Contract Amount: _____ Construction Period (Dates): _____

**SBE PROGRAM
FORMS AND ATTACHMENTS**

CONTENTS INCLUDE:

1. Sample Letter to Solicit SBE subcontractor/suppliers (1 page)
2. Sample Log of Contacts (1 page)
3. Letter of Intent (LOI) (3 pages including instructions)
4. Request for Change to the SBE Goal Compliance Plan (3 pages including instructions)

SAMPLE LETTER TO POTENTIAL SUBCONTRACTOR/SUPPLIER FROM PRIME CONTRACTOR

_____ is soliciting Small Business participation for the following Project.

Name of Project: _____

Project Solicitation Number: _____

Pre-bid Conference (if applicable):

Date/Time: _____ Location: _____

Bids due: Date/Time: _____ Location: _____

Bidders may purchase bid documents from Ohio Blueprint Company, 2348 Gilbert Avenue, Cincinnati, Ohio 45206, 513-281-9933. Bidders can obtain documents from all available sources. Here are several as an example:

Bidders may access bid documents from:

Allied Construction Industries

3 Kovach Drive
Cincinnati, Ohio 45215
513-221-8020

ARC Cincinnati

7157 E. Kemper Road
Cincinnati, Ohio 45249
513-326-2300

African-American Chamber, Greater Cincinnati/ Northern Kentucky

2945 Gilbert Avenue
Cincinnati, Ohio 45205
513-751-9900

**The Work on this Project includes the following:
(Please list work areas that pertain to the subcontractors/suppliers expertise)**

- | | |
|---|---|
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Lab and Field Testing Services |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Demolition Services | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Doors and Frames | <input type="checkbox"/> Millwork |
| <input type="checkbox"/> Drilling | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Paving and Resurfacing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Excavation Services | <input type="checkbox"/> ?Roofing |
| <input type="checkbox"/> Fabricated Steel | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Glazing Services | <input type="checkbox"/> Weather and Waterproofing |
| <input type="checkbox"/> Hardware | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Heavy Construction Equipment | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Other _____ | |

Contact our office for detailed information on the scopes of work being subcontracted and the relevant terms and conditions of the contract.

Please contact: _____ at _____ or _____
(Name) (Telephone) (Fax)

All quotations **MUST** be received by (Time and Date): _____

**LOG OF CONTACTS
FOR SOLICITING SBE SUBCONTRACT PARTICIPATION**

Documentation of contacts must be submitted if SBE Participation Goal was not achieved. Duplication of this form or the format of this form is acceptable for documentation of contacts.

Please use the attached log to document all conversations and contacts regarding the solicitation of prospective subcontractor/suppliers including responses to phone calls, letters, and advertisements.

THE FOLLOWING FIRMS WERE NOTIFIED OF SUBCONTRACTOR/SUPPLIER OPPORTUNITIES:

NAME SBE SUBCONTRACTOR/ SUPPLIER/AGENCY	DATE WRITTEN NOTICE WAS SENT AND METHOD (LETTER/FAX)	SCOPE OF WORK SOLICITED	DID SBE SUBMIT WRITTEN RESPONSE? (Y/N)	IF SBE RESPONDED, REASON AGREEMENT WAS NOT REACHED

BIDDER: _____

PROJECT NAME: _____

PAGE _____ OF _____

**INSTRUCTIONS FOR LETTER OF INTENT (LOI)
BETWEEN PRIME CONTRACTOR AND SBE SUBCONTRACTOR/SUPPLIER**

The following Letter of Intent (LOI) is to be used by Prime Contractors and their SBE subcontractor/suppliers. Signed and notarized LOIs between the Bidder and the SBE subcontractor/suppliers must be submitted within three (3) business day of request from the Project Manager or the Director of the Office of Economic Inclusion. The LOI must be submitted on this form. Submit a separate form for each SBE subcontractor/supplier.

Any changes to the SBE Goal Compliance Plan, including substitution or addition of SBE subcontractor/supplier must be approved by the Hamilton County Administrator or his designee. LOIs must be submitted prior to the start of work for changes of SBEs in the SBE Goal Compliance Plan.

**LETTER OF INTENT (LOI)
BETWEEN PRIME CONTRACTOR
AND SBE SUBCONTRACTOR/SUPPLIERS
(PAGE 1 OF 2)**

Prime Contractor: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____ Proposed Contract Amount: \$ _____

Project Solicitation Number: _____

Project Name: _____

Type of Agreement: _____
(Lump Sum/Unit Price/Commodity/Professional Service)

Period of Performance: _____

Name of SBE Subcontractor/Supplier _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____ Proposed Contract Amount: \$ _____

Description of work to be performed under Subcontract with SBE:

**LETTER OF INTENT (LOI)
BETWEEN PRIME CONTRACTOR
AND SBE SUBCONTRACTOR/SUPPLIERS
(PAGE 2 of 2)**

By signing below, the Prime Contractor and the SBE agree that they intend to enter into a contract by which the Prime Contractor agrees to pay the contract amount and the SBE agrees to perform the work described herein.

Prime Contractor:

Name of Firm _____

By: _____

(Signature)

Print Name _____

Title _____

Date _____

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO before me on the _____ day of _____, 20____

Notary Public

Printed Name of Notary

SBE Subcontractor/Supplier:

Name of Firm _____

By: _____

(Signature)

Print Name _____

Title _____

Date _____

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO before me on the _____ day of _____, 20____

Notary Public

Printed Name of Notary

REQUEST FOR CHANGE TO THE SBE GOAL COMPLIANCE PLAN

INSTRUCTIONS

No changes to the SBE Goal Compliance Plan are permitted after submittal of the Bid and before the award of the Trade Contract. After Trade Contract award, changes to SBE Goal Compliance Plan can be made with the prior written approval of the Hamilton County Administrator or his designee.

Submission and Evaluation of Requests

Where a Bidder discovers after award of the Trade Contract that the SBE Goal Compliance Plan must be changed or a substitution must occur, the Bidder must seek in writing the prior approval of the Hamilton County Administrator or his designee on the attached form. The form must be notarized, and should be submitted to the Hamilton County's Director of Economic Inclusion.

The written request must state specific reasons for the proposed change or substitution. Sworn statements from the SBE to be substituted stating why it cannot perform on the Project may be submitted to support the request. The facts supporting the request must not have been known nor reasonably should have been known by the Bidder and/or proposed subcontractor/supplier prior to the submission of the SBE Goal Compliance Plan.

The following conditions constitute examples of acceptable reasons for changes:

- Unavailability of subcontractor/supplier after receipt of reasonable notice to proceed;
- Failure to perform the scope(s) of work;
- Financial incapacity;
- Failure to honor bid or proposal price within a reasonable period of time after original submittal;
- Mistake of fact or law about the scope(s) of work where a reasonable price cannot be agreed upon;
- Failure of subcontractor/supplier to meet bonding, insurance, or licensing requirements specified in the solicitation;
- Withdrawal of bid or proposal by subcontractor/supplier;
- When the County Administrator determines that it is in the best interest of the Program and the County.

Where the reason is a valid mistake or disagreement on the scope(s) of work, the request must document all efforts made by the parties to reach an agreement for a reasonable price for the corrected scope(s) of work.

Good Faith Efforts on Substitutions and Additions of Subcontractor/Suppliers

When a change or substitution of a SBE is requested, the Prime Contractor still must continue to make Good Faith Efforts to meet the goal as submitted in the SBE Goal Compliance Plan.

**PRIME CONTRACTOR
REQUEST FOR CHANGE OF SBE GOAL COMPLIANCE PLAN
(PAGE 1 OF 2)**

DATE: _____

PROJECT SOLICITATION NO.: _____

PROJECT NAME: _____

PRIME CONTRACTOR: _____

TOTAL TRADE CONTRACT PRICE: _____

SBE PARTICIPATION GOAL STATED IN SOLICITATION: _____

ACTUAL SBE PARTICIPATION PRIOR TO PROPOSED CHANGE: _____

SBE PARTICIPATION AFTER PROPOSED CHANGE: _____

The Prime Contractor on the above Project requests approval of the following addition and/or deletion of subcontractor/suppliers as submitted in the SBE Goal Compliance Plan included in the Bid. (Submit a separate form for each proposed change.)

PROPOSED DELETION:

Name of SBE subcontractor/supplier: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone No.: _____

Amount of Subcontract: \$ _____ Percent of Trade Contract: _____

Description of Work: _____

PROPOSED ADDITION: Attach Good Faith Efforts documentation, if applicable. See preceding page for instructions.

Name of SBE subcontractor/supplier: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone No.: _____

Amount of Subcontract: \$ _____ Percent of Trade Contract: _____

Description of Work: _____

REASONS FOR REQUESTING CHANGE: Attach supporting documentation as necessary. A statement from the SBE to be removed stating why it cannot perform on the Project may be submitted to support the request.

**PRIME CONTRACTOR
REQUEST FOR CHANGE OF SBE GOAL COMPLIANCE PLAN
(PAGE 2 OF 2)**

AFFIDAVIT

The above information is true and complete to the best of my knowledge and belief. I further understand and agree that this affidavit shall become a part of my Trade Contract with Hamilton County.

Name and Title (Print): _____

Signature:

Date:

STATE OF _____

COUNTY OF _____

On the ____ day of _____, 20____, _____ personally appeared and having been duly sworn by me, subscribed to the foregoing affidavit and has stated that the facts stated therein are true and correct.

Notary Public

Printed Name of Notary

For Hamilton County use only:

I approve/disapprove the requested change.

Hamilton County Director of Economic Inclusion

Date

**GOOD FAITH EFFORTS REQUIREMENTS FOR
THE HAMILTON COUNTY CRIME LAB PROJECT
SBE INCLUSION PROGRAM**

STATEMENT OF GOOD FAITH EFFORTS

By the signature below of an authorized company representative, we certify that we have utilized the following methods to obtain the maximum practicable participation by small business enterprises on this project. Please indicate which methods you used by placing an **X** in the appropriate place.

YOU MUST SUBMIT YOUR SUPPORTIING DOCUMENTATION WITH YOUR BID.

- Identified sufficient subcontracting work to meet goal (attach content of advertisements and written notices to SBE subcontractors indicating type of work to be subcontracted).
- Written Notice to SBE Subcontractors (submit copy of each letter sent, or if one master notification, submit copy of letter and recipient list).
- Follow-up to initial solicitations (submit copy of call logs).
- Advertising (attach content of advertisements, which must include project name, bidder, work available, contact person's name and number, information on availability of plans and specifications and bidder's policy concerning assistance to subcontractors in obtaining bonds, credit lines and/or insurance; date of advertising and publications).
- Assistance to SBEs with bonds, credit lines, insurance (submit copy of advertising and written notices to subcontractors).
- Provision of plans, specifications and requirements: Bidder provided interested sub-bidders with access to plans, specifications and requirements for subject project.
- Other (please list any other methods utilized that aren't covered above).

Company

Date

Company Representative (Name and Title)

**THE HAMILTON COUNTY
CRIME LAB PROJECT
ECONOMIC INCLUSION
WORKFORCE DEVELOPMENT INITIATIVE**

I. Policy

The Board of County Commissioners has determined that there is a responsibility when funding construction projects with tax-dollars contributed by local residents, that such expenditures occur in a manner that provides the most value to the tax-payers of Hamilton County. Hamilton County enjoys authority pursuant to the Ohio Constitution to engage in public works projects and economic development activities in order “to create or preserve jobs and employment opportunities” and “to improve the economic welfare of the people”, and the State Legislature has directed Ohio counties to exercise their economic development authority so as to create and preserve employment opportunities of the people in their region.

II. Workforce Development Initiative

Construction contractors are not required to maintain a written affirmative action program. We do ask contractors to make good faith efforts to promote inclusion.

It is the aim of the County to achieve workforce diversity with respect to the Crime Lab Project as set forth above, to ensure that every resident has the opportunity to compete for Hamilton County construction jobs regardless of race, gender, disability, religion, national origin, age, sexual orientation, and gender identity.

III. Good Faith Efforts

In order to work toward Workforce Development and Diversity, construction Contractors are encouraged to use their good faith efforts to accomplish some of the following:

1. Maintaining a work environment free of harassment, intimidation, and coercion at all sites and in all facilities at which the Contractor's employees are assigned to work;
2. Establishing and maintaining a current lists of diverse worker recruitment sources; providing written notification to local recruitment sources and to community organizations when the Contractor has employment opportunities available; and maintaining a record of the organizations' responses;
3. Maintaining names and contact information of off-the-street applicants and /or referrals from recruitment sources or community organizations and of

what action was taken with respect to each such individuals.

4. Developing on-the-job training opportunities and/or participating in training programs for the area which expressly include the poor, and providing notice of these training opportunities and job programs to recruitment sources, state employment offices and other referral sources compiled by the Contractor.
5. Disseminating the Contractor's equal employment opportunity policy to unions and training programs, requesting their cooperation and assistance in meeting equal employment opportunity obligations, and disseminating the Contractor's equal employment opportunity policy by including it in the Contractor's policy manual or collective bargaining agreement, by publicizing it in the Contractor's newspaper, annual report , etc. (if any), by specific review of the policy with all management personnel and with all minority and women employees at least once a year, and by posting the Contractor's equal employment opportunity policy on bulletin boards accessible to all employees at each location where the construction work is performed;
6. Disseminating the Contractor's equal employment opportunity policy in advertising and in the news media of general circulation (including minority and women news media);
7. Directing recruitment efforts, both oral and written, to community organizations, to schools and training organizations serving the Contractor's recruitment area and our regional employment needs;
8. Encouraging current employees to recruit new employees; and
9. Documenting and maintaining records of all solicitations of offers for subcontracts from small business contractors and suppliers, identifying which were minorities and women-owned businesses (for record-keeping purposes only), including circulating solicitations to small business contractor associations and other business associations.

The Workforce Development Diversity efforts are not intended to require a Contractor to hire a person who does not have the qualifications needed to perform the assigned job successfully, to hire an unqualified person in preference to another applicant who is qualified, or to hire a less qualified person in preference to a more qualified person. Rather the goals are used to target and measure the effectiveness of efforts to eradicate and prevent barriers to equal employment opportunities related to Hamilton County Crime Lab Project.

To promote and facilitate diverse employment efforts, Hamilton County will:

1. Sponsor and hold pre-bid meetings to inform potential bidders of the

Workforce Development Initiative and the availability of qualified workers to work on the Crime Lab Project;

2. Notify residents of employment opportunities related to the Crime Lab Project by placing notices of such opportunities in their respective government bulletins, on their respective websites and, as funding permits, in major local newspapers of general circulation, local trade and trade association publications, small business enterprise media and other periodicals;
3. Provide copies of notices of employment opportunities related to the Crime Lab Project to local trade associations, local chambers of commerce, technical assistance agencies, employment agencies, community resource organizations contractor associations;
4. Work with various community-based/workforce development programs that provide instruction and training opportunities for residents interested in gaining experience in construction and related fields to establish a job readiness program for, and to increase the pool of workers qualified to work on, the Crime Lab Project;
5. Coordinate with local union and non-union pre-apprenticeship programs, career, and technical centers, universities, educational associations, and local community organizations who provide workforce development programs to residents interested in pursuing careers or jobs in the construction industry; and
6. Collaborate with local pre-apprenticeship programs to develop the skill levels of minorities and women interested in pursuing jobs in the construction industry.

In addition, the County will use its best efforts to develop and distribute to potential Contractors for the Crime Lab Project through print and electronic means a list of qualified construction and other workers available for employment related to the Crime Lab Project, categorized by types of experience and skills relevant to particular job requirements. To the extent permissible by law, each listing will contain the name, residence and e-mail addresses, telephone number, and details concerning the job qualifications of each individual. The directory will be continuously updated and maintained electronically as well as in hard copy.

The Workforce Development Initiative established herein is interim and designed to be reasonably attainable. The County will review the Workforce Development efforts at least annually and, if legally permissible and appropriate, based upon the relevant facts and circumstances, from time to time, the County may work to establish specific Workforce Development Diversity Goals.

IV. Monitoring the Crime Lab Project Workforce Participation.

The County will monitor and track the participation and employment of workers (and for

informational purposes will also track minority and women workers) in connection with the Crime Lab Project to determine if the Workforce Development Initiative is successful. In order to assist the County in that effort, each Contractor awarded a contract for the Crime Lab Project will be required to:

(i) submit to the County promptly after such award information regarding the number of full and part-time employees of the Contractor who will work on the Crime Lab Project (identifying such employees who are minorities and women for informational purposes only) including, name, residence and e-mail addresses, and telephone number of, and job title of the work to be performed by, each such employee, information regarding whether the Contractor expects to hire additional employees to work on the Crime Lab Project and, if so, a brief general description of the skills and capabilities requirements for each such additional employee; (**WF.01 and WF.03 Form**), and

(ii) compile and deliver to the County *monthly* reports regarding the employment, if any, of additional workers on the Crime Lab Project.

**The Coroner's Office and Crime Lab Construction Project
Subcontractor Monthly Business Utilization Report**

Contractor Name:	Approved Contract Value \$:	Trade Contact #:	Type of Inclusion Program:		
Date Submitted:	Reporting Period: From:	To:	Contractor Pay Application #:		
Contact Person:	Business Type: (Circle all that apply)	SBE	MBE	WBE	NONE
Contractor Address:	Federal Tax ID Number:				
Contractor City/State/Zip Code:					
Telephone Number:	County:				
Trade Contract Description:	Email:				

Subcontractor/Supplier Reporting

List All Subcontractors/Suppliers (Name of Subcontractor/Supplier, Name of Contact Person, Street Address, Zip, Phone #, Email)	Business Type SBE / MBE / WBE / Indicate All that Apply	Federal Tax ID#	Description of Work/Supplies	Original Subcontract Amount	Total Authorized Change Order Amount to Date	Total Subcontract Amount	***Amount to be paid for this reporting period	Total Amount Paid to Date (including amount to be paid for the reporting period)	Pay application #, Invoice or P.O. #) (Include "F" if final payment)
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

**Column should reflect information entered on form AIA Document G703 column E

The undersigned certifies that the information recorded above is correct, and that each of the representations set forth above is true. The undersigned further acknowledges that any misrepresentation hereon may result in termination of the contract and/or prosecution under applicable Federal and State laws concerning false claims and false claims.

Authorized Contractor Representative: _____
Signature Title Date

**The Coroner's Office and Crime Lab
Instructions - Form 2005
Monthly Subcontractor Utilization Report**

Form 2005 is to be completed in its entirety by each Contractor, signed and dated by a responsible official of the company, and submitted with each payment application. If these requirements are not met, payment application may be delayed.

Contractor/Consultant Name	Indicate the official name of the Contractor
Approved Contract Value \$	Indicate the approved contract value dollars, include authorized change order amounts
Contract #	Indicate the official contract number
Bid or Proposal #	Indicate the Bid or Proposal Reference Number
Type of Inclusion Program	Circle the applicable Inclusion Program (SBE or DBE)
Date Submitted	Indicate the date form is being submitted
Reporting Dates	Indicate the time period covered by this report, beginning date and ending date
Pay Application #	Indicate the Contractor/Subcontractor's pay application number

Business Type	Circle all types that apply to the Contractor
KEY:	<p>SBE - A Small Business Enterprise that has not been certified by the City of Cincinnati Department of Economic Inclusion</p> <p>MBE - A Minority-Owned Business Enterprise</p> <p>WBE - A Women-Owned Business Enterprise</p>

Contact Person	Indicate the Contractor's contact person responsible for completing this form
Federal Tax ID Number	Federal Tax Identification or Social Security Number of Contractor/Subcontractor
Contractor Address	Indicate the address of the Contractor submitting the form
City/State/Zip Code	Indicate the city, state and zip code of the Contractor's address submitting the form
County	Indicate the County of Contractor's business address
Telephone Number	Indicate telephone number of Contractor's authorized representative completing the form, include area code
Email	Indicate email address of Contractor's authorized representative completing the form
Trade Contract Description	Indicate description of the Contractor's work on this contract
List all Subcontractors/Subconsultants/Suppliers	Provide information requested for ALL first tier Subcontractor/Suppliers, regardless of Business Type

Business Type	For each Subcontractor/Supplier listed, indicate the Business Type(s); then report SBE/MBE/WBE; List any or all of the three that apply for each business, if none, write "N/A"; See "Business Type" above for descriptions.
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Federal Tax ID #	Subcontractor/Supplier's Federal Tax ID or Social Security Number
Description of Work/Supplies	Indicate description of the Subcontractor/Supplier's work on and/or goods supplied for the contract
Original Subcontract Amount	Indicate the original amount of the Subcontract
Total Authorized Change Order Amount to Date	Subcontractor/Supplier's total authorized change orders to date
Total Subcontract Amount	Indicate the total amount of subcontract original amount and authorized change orders to date
Total Amount Paid to Date	Indicate total amount paid to Subcontractor/Supplier. Add amounts paid for each prior period to equal the amount paid to date
\$ Amount to Be Paid for the Period	Indicate current amount to be compensated or become due for the period
Subcontract Pay Application #	Subcontractor/Supplier's Pay Application number. Include "F" if this represents the final payment
Authorized Contractor/Consultant Rep.	Signature and title of Authorized Contractor's Representative, and date form signed

**The Coroner's Office and Crime Lab
Monthly Workforce Tracking Form**

Contractor Name:		Contract Value:		Trade Contract #:		Pay Application #:	
Date Submitted:		Business Type: (Circle all that apply)	SBE	MBE	WBE	NONE	
Contact Person:		Reporting Dates:	From:		To:		
Address:		Federal Tax ID Number:					
City/State/Zip Code:		County:					
Telephone Number:		Email:					
Trade Contract Description:		Circle Appropriate Box:	Contractor		Subcontractor		

The Coroner's Office and Crime Lab Monthly Workforce

Job Categories Trade Employees	Total Employee Hours Worked					Total Minority (Hours)				Caucasian (Hours)		African American (Hours)		Asian American (Hours)		Hispanic American (Hours)		Native American (Hours)	
	Total Hours	Total Male Hours	Total % Male	Total Female Hours	Total % Female	Minority Male Hours	Total % Male Minority	Minority Female Hours	Total % Female Minority	Caucasian Male Hours	Caucasian Female Hour	African American Male Hours	African American Female Hours	Asian American Male Hours	Asian American Female Hours	Hispanic American Male Hours	Hispanic American Female Hours	Native American Male Hours	Native American Female Hours
FOREPERSON	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT OPERATORS	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MECHANICS	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRUCK DRIVERS	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IRONWORKERS	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CARPENTERS	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CEMENT MASONS (and CONCRETE FINISHERS)	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ELECTRICIANS	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PIPEFITTERS/PLUMBERS	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PAINTERS	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LABORERS-SEMI SKILLED	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LABORERS-UNSKILLED	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Authorized Contractor Representative Signature:		Title:		Date:	
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The Coroner's Office and Crime Lab

Instructions Form WF-01

WF-01 Number of Employee Hours Report

Contractor Name:	Indicate Contractor's official name
Contract Value \$:	Indicate the approved Contract Value in dollars
Contract #:	Indicate the contract number for this contract
Project #:	Indicate the project number for this contract
Date Submitted:	Indicate the date the form is submitted
Reporting Dates:	Indicate the time period covered by this report (from date and to date)
Contact Person:	Indicate the Contractor's contact person responsible for completing this form
Business Status:	Indicate the Contractor's business status. Circle all which apply (if applicable)
Contractor Address:	Indicate the address of the contractor submitting the form
Federal Tax ID (FTID) Number:	Indicate the Federal Tax Identification or Social Security Number of the Contractor submitting the form
City/State/Zipcode:	Indicate the City, State and Zip Code of the Contractor's business location
County:	Indicate the County of the Contractor's business location
Telephone Number:	Indicate the telephone number of the Contractor's designated contact person
Email:	Indicate the email of the Contractors designated contact person
Trade Contract Description:	Indicate the description of the Contractor's work on this project
Job Category Trade Employees:	Indicate the job category of the trade employees working on the project
Total Employee Hours Worked:	Indicate the total number of employees hours worked for the time period covered by this report
Total Minority/Female Hours:	Indicate the total number of hours worked by minority and female employees for the period covered by this report
Caucasian Hours:	Indicate the total number of employees hours worked for Caucasian employees
African American Hours:	Indicate the total number of employees hours worked for African American employees
Asian American Hours:	Indicate the total number of employees hours worked for Asian American employees
Hispanic American Hours:	Indicate the total number of employees hours worked for Hispanic American employees
Native American Hours:	Indicate the total number of employees hours worked for Native American employees
Male/Female:	Indicate the number or % of male or female employees for the time period covered by this report
Foreperson:	Indicate the number of employees identified as Foreperson's working on this project
Equipment Operators:	Indicate the number of employees identified as Equipment Operators working on this project
Mechanics:	Indicate the number of employees identified as Mechanics working on this project
Truck Drivers:	Indicate the number of employees identified as Truck Drivers working on this project
Ironworkers:	Indicate the number of employees identified as Ironworkers working on this project
Carpenters:	Indicate the number of employees identified as Carpenters working on this project
Cement Mason(and Concrete Finishers):	Indicate the number of employees identified as Cement Masons(and Concrete Finishers) working on this project
Electricians:	Indicate the number of employees identified as Electricians working on this project
Pipefitter/Plumber:	Indicate the number of employees identified as Pipefitters/Plumbers working on this project
Painters:	Indicate the number of employees identified as Painters working on this project
Laborer-Semi Skilled:	Indicate the number of employees identified as Laborers-Semi Skilled working on this project
Laborers -Unskilled:	Indicate the number of employees identified as Laborers-Unskilled working on this project
Grand Totals:	Indicate the total of employee hours work for the identified categories for the timeframe covered by this report
Contractor Representative Signature:	Indicate the signature of the Contractor's authorized representative
Title:	Indicate the title of the Contractor's authorized representative
Date:	Indicate the date of the Contractor's authorized representative sign the form

*Job Trade Category Definitions are attached

FOREPERSON - Directly supervise and coordinate activities of construction. (Sample: Construction Foreman, Construction Superintendent, Construction Supervisor, Field Supervisor, Foreman, Job Superintendent, Project Superintendent, Site Superintendent, Superintendent, Supervisor)

EQUIPMENT OPERATORS - Operate one or several types of power construction equipment, such as motor graders, bulldozers, scrapers, compressors, pumps, derricks, shovels, tractors, or front-end loaders to excavate, move, and grade earth, erect structures, or pour concrete or other hard surface pavement. May repair and maintain equipment in addition to other duties. (Sample: Back Hoe Operator, Engineering Equipment Operator, Equipment Operator, Heavy Equipment Operator, Loader Operator, Machine Operator, Motor Grader Operator, Operating Engineer, Operator, Track Hoe Operator.) Operate equipment used for applying concrete, asphalt, or other materials to road beds, parking lots, or airport runways and taxiways, or equipment used for tamping gravel, dirt, or other materials. Includes concrete and asphalt paving machine operators, form tampers, tamping machine operators and stone spreader operators. (Sample: Equipment Operator (EO), Paver Operator, Roller Operator, Truck Driver, Operator, Screed Operator, Heavy Equipment Operator, Maintenance Equipment Operator (MEO), Asphalt Raker, Asphalt Paver Operator.)

MECHANICS - Operate on one or several types of power construction equipment, such as motor graders, bulldozers, scrapers, compressors, pumps, derricks, shovels, tractors, or front-end loaders to excavate, move, and grade earth, erect structures, or pour concrete or other hard surface pavement. May repair and maintain equipment in addition to other duties. (Sample: Back Hoe Operator, Engineering Equipment Operator, Equipment Operator, Heavy Equipment Operator, Loader Operator, Machine Operator, Motor Grader Operator, Operating Engineer, Operator, Track Hoe Operator.)

TRUCK DRIVERS – Heavy and Tractor-Trailer Truck Drivers - Drive a tractor trailer combination or a truck with a capacity of at least 26,000 pounds Gross Vehicle Weight (GVW). May be required to unload truck. Requires commercial drivers' license. (Sample: Truck Driver, Driver, Over the Road Driver (OTR Driver), Line Haul Driver, Delivery Driver, Owner Operator, Road Driver, Semi Truck Driver, City Driver, Feeder Driver)

IRONWORKERS - Structural Iron and Steel Workers - Raise, place, and unite iron or steel girders, columns, and other structural members to form completed structures or structural frameworks. May erect metal storage tanks and assemble prefabricated metal buildings. (Sample: Ironworker, Iron Worker, Fitter / Welder, Steel Fabricator, Steel Worker, Structural Steel Erector, Tower Hand) Reinforcing Iron and Rebar Workers - Position and secure steel bars or mesh in concrete forms in order to reinforce concrete. Use a variety of fasteners, rod-bending machines, blowtorches and hand tools. Includes rod busters. (Sample: Ironworker, Rod Buster, Iron Worker, Steel Tier, Field Ironworker, Reinforced Ironworker, Rodman)

CARPENTERS - Construct, erect, install, or repair structures and fixtures made of wood, such as concrete forms; building frameworks, including partitions, joists, studding, and rafters; and wood stairways, window and door frames, and hardwood floors. May also install cabinets, siding, drywall and batt or roll insulation. Includes brattice builders who build doors or brattices (ventilation walls or partitions) in underground passageways. Construction Carpenters - Construct, erect, install, and repair structures and fixtures of wood, plywood, and wallboard, using carpenter's hand tools and power tools. (Sample: Carpenter, Lead Carpenter, Assembler, Finish Carpenter, Construction Worker, Custom Stair Builder, Installer, Production Worker, Trim Carpenter, Concrete Carpenter) Rough Carpenters - Build rough wooden structures, such as concrete forms, scaffolds, tunnel, bridge, or sewer supports, billboard signs, and temporary frame shelters, according to sketches, blueprints, or oral instructions. (Sample: Carpenter, Apprentice Carpenter, Form Carpenter, Journeyman Carpenter, Rough Carpenter, Union Carpenter, Bridge Carpenter, Bridge Repair Crew Person)

CEMENT MASON (and Concrete Finishers) - Smooth and finish surfaces of poured concrete, such as floors, walks, sidewalks, roads, or curbs using a variety of hand and power tools. Align forms for sidewalks, curbs, or gutters; patch voids; and use saws to cut expansion joints. (Sample: Concrete Finisher, Cement Finisher, Cement Mason, Finisher, Mason, Concrete Mason.)

ELECTRICIANS - Install, maintain, and repair electrical wiring, equipment, and fixtures. Ensure that work is in accordance with relevant codes. May install or service street lights, intercom systems, or electrical control systems. (Sample: Chief Electrician; Control Electrician; Electrician; Industrial Electrician; Inside Wireman; Journeyman Electrician; Journeyman Wireman; Maintenance Electrician; Mechanical Trades Specialist, Electrician; Qualified Craft Worker, Electrician (QCW, Electrician)

PIPEFITTER/PLUMBER - Assemble, install, alter, and repair pipelines or pipe systems that carry water, steam, air, or other liquids or gases. May install heating and cooling equipment and mechanical control systems. Includes sprinkler fitters. (Sample: Pipe Fitter, Pipefitter, Welder, Steamfitter, Sprinkler Fitter, Equipment Service Associate (ESA), Machine Repairman, Journeyman Pipefitter, Millwright, Pipe Welder.) Assemble, install, or repair pipes, fittings, or fixtures of heating, water, or drainage systems, according to specifications or plumbing codes. (Sample: Commercial Plumber; Drain Cleaner, Plumber; Drain Technician; Journeyman Plumber; Master Plumber; Plumber; Plumber Gasfitter; Plumbing and Heating Mechanic; Residential Plumber; Service Plumber)

PAINTERS - Paint walls, equipment, buildings, bridges, and other structural surfaces, using brushes, rollers, and spray guns. May remove old paint to prepare surface prior to painting. May mix colors or oils to obtain desired color or consistency. (Sample: Painter, Facilities Painter, Maintenance Painter, Highway Painter, Industrial Painter)

LABORERS-SEMI SKILLED – Having or requiring more training and skill than unskilled labor but less than skilled. Perform tasks involving physical labor at construction sites. May operate hand and power tools of all types: air hammers, earth tampers, cement mixers, small mechanical hoists, surveying and measuring equipment, and a variety of other equipment and instruments. May clean and prepare sites, dig trenches, set braces to support the sides of excavations, erect scaffolding, and clean up rubble, debris and other waste materials. May assist other craft workers. (Sample: Construction Laborer, Construction Worker, Curb and Gutter Laborer, Drain Layer, Drop Crew Laborer, Helper, Laborer, Post Framer, Skill Labor, Union Laborer)

LABORERS UNSKILLED – All non-classified laborers. Any miscellaneous job classifications are to be incorporated in the most appropriate category listed on the form. All employees on the project should be accounted for.

**The Coroner's Office and Crime Lab
 Number of Employees Report**

Contractor Name:		Contract Value \$:	
Date Submitted:		Reporting Dates:	From: <input type="text"/> To: <input type="text"/>
Contact Person:		Pay Application #:	
Address:		County:	
City/State/Zip Code:		Business Type:	
Telephone Number:		Federal Tax ID:	
Trade Contract Description:		Contact Email:	

Number of Employees

	Total Number of Employees	Caucasian Men		Women		Minority		Caucasian		African American		Asian American		Hispanic American		Native American	
		Total Number of Caucasian Men	Percentage of Total Employees	Total Number of Women	Percentage of Total Employees	Total Number of Minority Men and/or Women	Percentage of Total Employees	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Joint Policy Questions																	
Total number of employees working on this contract?	0	0	0.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0
Total number of full-time employees working on contract [6.6 (a) (1)]	0	0	0.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0
Total number of part-time employees working on contract [6.6 (a) (1)]	0	0	0.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0
Total number of employees working on contractor (who perform work directly or indirectly) who lives in the Cincinnati Middletown MSA [9.1 (a) (ii)]	0	0	0.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0
Total number of all employees working within this MSA (All employees in company)	0	0	0.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0

****Note minority female workers count in both the women and minority columns but only once in the total number of employees column.**

Do you expect to hire additional employees to work on The Banks Project?

YES NO

If so, please provide a general description of the skills and capability requirements for each additional employee

Authorized Contractor Representative:

Signature

Title

Date

The Coroner's Office and Crime Lab

Instructions Form WF-02

WF-02 Monthly Workforce Tracking Form

Contractor Name:	Indicate Contractor's official name
Contract Value \$:	Indicate the approved Contract Value in dollars
Contract #:	Indicate the contract number for this contract
Project #:	Indicate the project number for this contract
Date Submitted:	Indicate the date the form is submitted
Reporting Dates:	Indicate the time period covered by this report (from date and to date)
Contact Person:	Indicate the Contractor's contact person responsible for completing this form
Contractor Address:	Indicate the address of the contractor submitting the form
Federal Tax ID (FTID) Number:	Indicate the Federal Tax Identification or Social Security Number of the Contractor submitting the form
City/State/Zip code:	Indicate the City, State and Zip Code of the Contractor's business location
County:	Indicate the County of the Contractor's business location
Telephone Number:	Indicate the telephone number of the Contractor's designated contact person
Email:	Indicate the email of the Contractors designated contact person
Total # of Employees:	Indicate the total number of participants who worked on this contract
Total # of Caucasian Men:	Indicate the total participation of Caucasian men working on this contract
Total Percent of Caucasian Men:	Indicate the total percentage of Caucasian men working on this contract
Total # of Women:	Indicate the total participation of females working on this contract
Total Percent of Women:	Indicate the total percentage of females working on this contract
Total # of Minorities:	Indicate the total participation of minorities working on this contract
Total Percent of Minorities:	Indicate the total percentage of minorities working on this contract
Caucasian Men :	Indicate the total number of Caucasian men working on this contract
Caucasian Women :	Indicate the total number of Caucasian women working on this contract
African American Men:	Indicate the total number of African American men working on this contract
African American Women:	Indicate the total number of African American women working on this contract
Asian American Men:	Indicate the total number of Asian American men working on this contract
Asian American Women:	Indicate the total number of Asian American women working on this contract
Hispanic American Men:	Indicate the total number of Hispanic American men working on this contract
Hispanic American Women:	Indicate the total number of Hispanic American women working on this contract
Native American Men:	Indicate the total number of Native American men working on this contract
Native American Women:	Indicate the total number of Native American women working on this contract
Total # Minority and/or Women:	Indicate the combined total of minorities and women working on this contract
Percentage of Total Employees:	Indicate the combined percentage of minorities and women working on this contract
Grand Totals:	Indicate the total of employee hours work for the identified categories for the timeframe covered by this report
Contractor Representative Signature:	Indicate the signature of the Contractor's authorized representative
Title:	Indicate the title of the Contractor's authorized representative
Date:	Indicate the date of the Contractor's authorized representative sign the form

*Job Trade Category Definitions are attached

The Coroner's Office and Crime Lab											
Monthly Subcontractor Utilization Report											
Contractor Name:					Type of Inclusion Program:			SBE or DBE			
Date Submitted:					Contractor Pay Application #:						
Contact Person:					Reporting Period From:		To:				
Contractor Address:					Business Type: (Circle all that apply)			SBE MBE WBE None			
Contractor City/State/Zip Code:					County:						
Telephone Number:					Federal Tax ID:						
Trade Contract Description:					Email Address:						
Employee Information Form											
Employee Name	Minority		Female		Full or Part Time		Home Address	Last 4 digits of Social Security #	Minority Classification	County	Job Trade Category
	(Circle Y or N)	(Circle Y or N)	(Circle Y or N)	(Circle FT or PT)							
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					
	Y	N	Y	N	FT	PT					

The undersigned certifies that the information recorded above is correct, and that each of the representations set forth above is true. The undersigned further acknowledges that any misrepresentation heron may result in termination of contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

Authorized Contractor Representative: _____
Signature
Title
Date

**The Coroner's Office and Crime Lab
Instructions Form WF-03**

WF-03 Monthly Employee Report

Contractor Name:	Indicate Contractor's official name
Contract Value \$:	Indicate the approved Contract Value in dollars
Contract #:	Indicate the contract number for this contract
Project #:	Indicate the project number for this contract
Date Submitted:	Indicate the date the form is submitted
Reporting Dates:	Indicate the time period covered by this report (from date and to date)
Contact Person:	Indicate the Contractor's contact person responsible for completing this form
Business Type:	Indicate the Contractor's business status. Circle all which apply (if applicable)
Contractor Address:	Indicate the address of the contractor submitting the form
Federal Tax ID (FTID) Number:	Indicate the Federal Tax Identification or Social Security Number of the Contractor submitting the form
City/State/Zipcode:	Indicate the City, State and Zip Code of the Contractor's business location
County:	Indicate the County of the Contractor's business location
Telephone Number:	Indicate the telephone number of the Contractor's designated contact person
Email:	Indicate the email of the Contractor's designated contact person
Trade Contract Description:	Indicate the description of the Contractor's work on this project
Employee Name:	Indicate the name of employee working on this project
Minority:	Indicate whether the employee belongs to an ethnic minority group - Circle Response - Yes or No
Female:	Indicate whether the employee is female of any ethnic group - Circle Response - Yes or No
Full/Part Time:	Indicate whether the employee is working in a full time or part time capacity -Circle Response - FT or PT
Home Address:	Indicate the home address of the employee
Last 4 Digits of Employee Social Security #:	Indicate the last 4 social security numbers of the employee
Minority Classification:	Indicate the minority classification of the employee (if applicable)
County:	Indicate the county of the employee
Job Category Trade Employees:	Indicate the job category of the trade employees working on the project
Contractor Representative Signature:	Indicate the signature of the Contractor's authorized representative
Title:	Indicate the title of the Contractor's authorized representative
Date:	Indicate the date of the Contractor's authorized representative sign the form

*Job Trade Category Definitions are attached

Caucasian Male
 Caucasian Female
 African American Male
 African American Female
 Asian American Male
 Asian American Female
 Hispanic American Male
 Hispanic American Female
 Native American Male
 Native American Female

AL		No	No
AK	FOREPERSON	Yes	Yes
AZ	EQUIPMENT OPERATORS		
AR	MECHANICS		
CA	TRUCK DRIVERS		
CO	IRONWORKERS		
CT	CARPENTERS		
DE	CEMENT MASONS		
FL	ELECTRICIANS		
GA	PIPEFITTER/PLUMBERS		
HI	PAINTERS		
ID	LABORERS-SEMI SKILLED		
IL	LABORERS-UNSKILLED		
IN			
IA			
KS			
KY			
LA			
ME			
MD			
MA			
MI			
MN			
MS			
MO			
MT			
NE			
NV			
NH			
NJ			
NM			
NY			
NC			
ND			
OH			
OK			
OR			
PA			
RI			
SC			
SD			
TN			
TX			
UT			
VT			
VA			
WA			
WV			
WI			

Adams County, Ohio
 Brown County, Ohio
 Butler County, Ohio
 Clermont County, Ohio
 Clinton County, Ohio
 Hamilton County, Ohio
 Highland County, Ohio
 Warren County, Ohio
 Boone County, Kentucky
 Bracken County, Kentucky
 Campbell County, Kentucky
 Carroll County, Kentucky
 Gallatin County, Kentucky
 Grant County, Kentucky
 Kenton County, Kentucky
 Mason County, Kentucky
 Owen County, Kentucky
 Pendleton County, Kentucky
 Trimble County, Kentucky
 Dearborn County, Indiana
 Fayette County, Indiana
 Franklin County, Indiana
 Ohio County, Indiana
 Ripley County, Indiana
 Switzerland County, Indiana
 Union County, Indiana
 Other-Not in CMSA

Consolidated Metropolitan Statistical Area (CMSA) OH-KY-IN

40006	40011	40045	40055	40075	40355	40359	40363	40379	41001
41003	41005	41005	41006	41007	41008	41010	41011	41012	41014
41017	41018	41019	41021	41025	41030	41033	41034	41035	41040
41043	41044	41045	41046	41051	41052	41053	41054	41055	41056
41062	41063	41071	41072	41073	41074	41075	41076	41083	41085
41086	41092	41094	41095	41096	41097	41098	41099	45001	45002
45003	45004	45005	45011	45012	45013	45014	45015	45018	45030
45032	45033	45034	45036	45039	45040	45041	45042	45044	45050
45051	45052	45053	45054	45055	45056	45061	45062	45063	45064
45065	45066	45067	45068	45069	45071	45101	45102	45103	45105
45106	45107	45111	45112	45113	45114	45115	45118	45119	45120
45121	45122	45123	45130	45131	45132	45133	45135	45140	45142
45144	45146	45147	45148	45150	45152	45153	45154	45155	45156
45157	45158	45159	45160	45162	45164	45166	45167	45168	45169
45171	45172	45174	45176	45177	45201	45202	45203	45204	45205
45206	45207	45208	45209	45211	45212	45213	45214	45215	45216
45217	45218	45219	45220	45221	45222	45223	45224	45225	45226
45227	45229	45230	45231	45232	45233	45234	45235	45236	45237
45238	45239	45239	45240	45241	45242	45243	45244	45245	45246
45247	45248	45249	45250	45251	45252	45253	45254	45255	45258
45262	45263	45264	45267	45268	45269	45270	45271	45273	45274
45275	45277	45280	45296	45298	45299	45335	45458	45612	45616
45618	45650	45657	45660	45671	45679	45684	45693	45697	45999
47001	47003	47006	47010	47011	47012	47016	47018	47019	47020
47021	47023	47024	47030	47031	47033	47034	47035	47036	47037
47038	47039	47040	47041	47042	47043	47060	47224	47250	47325
47331	47353	47357							