NYC Mayor's Office of Contract Services

SCHEDULE B – MSA

M/WBE Participation Requirements for Master Service Agreements That Will Require Individually Registered Task Orders

Part 1: M/WBE Participation Goals

Contract Overview (To be completed by contracting agency)

APT E-Pin# 84627P0003 FMS Project ID#

Project Title Construction Management Services for NYC Parks Citywide Agency PIN#

Contracting Agency Department of Parks and Recreation Bid/Proposal Response Date

Agency Address Olmsted Center City Flushing State NY ZIP 11368

Contact Person Cristian Castro Title Assistant Deputy ACCO for Vendor Integrity & Diversity

Telephone 718-760-4082 Email cristian.castro@parks.nyc.gov

Project Description (attach additional pages if necessary)

Construction Management Services for NYC Parks Citywide

M/WBE Participation Requirements for Construction, Professional and Standard Services Master Services Agreements That Will Require Individually Registered Task Orders

The Master Services Agreement awarded pursuant to this solicitation is subject to Minority and Women-Owned Business Enterprises (M/WBE) participation requirements established in Section 6-129 of the New York City Administrative Code. Depending on the scope of work and the availability of M/WBEs to perform such work, agencies may set M/WBE participation goals on each individual task order issued pursuant to such agreement. If M/WBE participation goals are established for an individual task order, Prime Contractors will be required to submit a completed Schedule B – M/WBE Utilization Plan unless a full waiver is obtained. If Prime contractors submit a Schedule B, they will be required to fulfill the M/WBE participation goals on each individual task order, except to the extent that a full or partial waiver is obtained or such goals are modified by the agency. Please refer to the Notice for Prospective Contractors for more information.

Prime Contract Industry Professional Services

Tax ID#_____ APT E-Pin# 84627P0001

Part 2: Subcontractor Participation Plan

Section 1: Prime Contractor Contact Information

Tax ID#_____ FMS Vendor ID#_____

Business Name_____ Contact Person_____

Business Address_____ City_____ State_____ ZIP_____

Telephone_____ Email_____

Section 2: General Contract Information

Enter brief description of the type(s) of subcontracts for all/any services you plan on subcontracting if awarded this contract. For each item, indicate whether the work will be designated for participation by M/WBEs. Use additional sheets if necessary.

Description of Subcontracting Work	Designated for M/WBE Y	Designated for M/WBE N
1.	☐	☐
2.	☐	☐
3.	☐	☐
4.	☐	☐
5.	☐	☐
6.	☐	☐
7.	☐	☐
8.	☐	☐
9.	☐	☐
10.	☐	☐