

**Exhibit B - Dallas County Hospital District dba Parkland Health & Hospital System (“District”)  
MINORITY/WOMEN BUSINESS ENTERPRISE (“M/WBE”) SUBCONTRACTOR/SUPPLIER PARTICIPATION PLAN FORM  
Instructions for Completion**

IMPORTANT: THE M/WBE SUBCONTRACTOR/SUPPLIER UTILIZATION PROPOSAL FORM MUST BE SUBMITTED WITH BID OR PROPOSAL. IN ADDITION TO THE INITIAL SUBMITTAL OF THIS FORM, IT MUST BE SUBMITTED FOR EACH SUBSEQUENT CONTRACT/RENEWAL PERIOD AND WITH ANY REQUESTS FOR BUDGET MODIFICATION, PROVIDING DETAILS OF NEW OR REASSESSED GOALS OR ANY SUBCONTRACTOR CHANGES. <b>Failure to submit the M/WBE Participation Plan Form(s) may result in disqualification of proposal from District consideration.</b>	
<b>1. Name and Address</b>	Provide the Offeror Company name and address, if your company is an M/WBE, title and telephone number of the contact person responsible for answering questions related to the M/WBE information submitted on this form.
<b>2. Email Address/Contact Person</b>	Provide Offeror email address for the contact person and the District’s Proposal name of the RFP/Solicitation Document.
<b>3. DUNS Number</b>	Provide the Offeror DUNS Number (a nine digit number assigned via Dun and Bradstreet’s Data Universal Numbering System).
<b>4. Proposal Due Date</b>	Enter the Proposal Due Date provided on the first page of the RFP/Solicitation Document.
<b>5. RFP/Solicitation Reference #</b>	Provide the project RFP/Solicitation Reference # given on the District’s proposal document.
<b>6. Offeror Total Proposal \$ Amount</b>	Enter the Offeror total Proposal \$ Amount.
<b>7. Self-Performance \$ Amount</b>	Enter the Offeror Self-Performance \$ Amount. Self-performance is defined as: to solely carry out; execute; to do; fulfill: perform what you promise.
<b>8. Total Combined M/WBE \$ Amount</b>	Enter total \$ amount from Section 15(a) & 15(b). <b>Note: Appropriate M/WBE suppliers/contractors may be identified by emailing Supplier Diversity at: <a href="mailto:MWBERequest@phhs.org">MWBERequest@phhs.org</a>.</b>
<b>9. Description of Goods, Services, and/or Supplies to be Provided</b>	Provide a brief description of the Offeror’s product type(s) or services, which are to be utilized; for example computer/office equipment, supplies, trainers, printing services, IT consulting services, vehicle maintenance, etc.
<b>10. List of M/WBE Subcontractors/Suppliers</b>	List the M/WBE Subcontractor company name, contact person and phone number. <b>Note: Certified M/WBE suppliers and contractors may be located by emailing Supplier Diversity at: <a href="mailto:MWBERequest@phhs.org">MWBERequest@phhs.org</a>.</b>
<b>11. M/WBE Certification Number</b>	Provide the M/WBE subcontractor company certification or affidavit number.
<b>12. Description of Services/Supplies</b>	Provide a brief description of the product type(s) or services, per subcontractor, which are to be purchased or utilized; for example computer/office equipment, supplies, trainers, printing services, IT consulting services, vehicle maintenance, etc.
<b>13. MBE \$ Amount</b>	Calculate the \$ amount allocated for this MBE subcontractor.
<b>14. WBE \$ Amount</b>	Calculate the \$ amount allocated for this WBE subcontractor.
<b>15. Total M/WBE \$ Amount</b>	Enter the total MBE \$ amount for column 13 in box 15(a), and then enter the total WBE \$ for column 14 in box 15(b).
<b>16. M/WBE Status and Certification</b>	Check the appropriate boxes. If a vendor is both Minority and Women owned, both MBE and WBE boxes should be checked. If the vendor is certified by the State of Texas as a HUB, then the HUB Certified box should be checked. Check Certification Pending if the certification is pending. <b>NOTE: If the M/WBE Certification is pending, a copy of the notice of application receipt issued by the certification agency must accompany this form with an affidavit number.</b>
<b>17. Prime Vendor/Contractor Authorized Signature/Agreement</b>	The Offeror must certify their intent to utilize the M/WBE subcontractors specified by checking the box indicated. The Offeror must sign and date this form. <b>Note: This form may be rejected without an authorized signature and date.</b>

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**Offeror Information**

<b>1. Company Name:</b>	<b>Address:</b>	<b>M/WBE Certification # (if applicable):</b>
<b>Contact Person/Title:</b>		<b>Telephone Number:</b>
<b>2. Email address:</b>	<b>Proposal Name:</b>	<b>3. DUNS Number:</b>
<b>4. Proposal Due Date:</b>	<b>5. RFP/Solicitation Reference #:</b>	
<b>6. Offeror Total Proposal \$ Amount:</b>	<b>7. Self-Performance \$ Amount:</b>	<b>8. Total Combined M/WBE \$ Amount from 15 a&amp;b:</b>
<b>9. Description of Goods/Services/Supplies Provided:</b>		

10. M/WBE Subcontractor Company Name, Contact Name & Phone	11. M/WBE Certification Number	12. Description of Services & Supplies	13. MBE \$ Amount	14. WBE \$ Amount	16. M/WBE Status and Certification	Verified by District
					<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> HUB Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
					<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> HUB Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
					<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> HUB Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
					<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> HUB Certified <input type="checkbox"/> Certification Pending	<input type="checkbox"/>
<b>15. Total M/WBE \$ Amount:</b>			<b>15(a)</b>	<b>15(b)</b>		

**NOTE: If an M/WBE Certification is pending, a copy of the notice of application affidavit number issued by the certifying agency must accompany this form. If awarded, Certification(s) must be kept current / valid for the entire duration of this contract. Failure to comply with this provision could be subject to sanctions.**

<b>17. Authorized Signature/Agreement:</b>		<input type="checkbox"/> My firm proposes to use the M/WBEs listed above.
<b>Printed Name:</b>		<b>Date:</b>
<b>FOR DISTRICT USE ONLY</b>		
<b>Supplier Diversity Team Member Signature &amp; Date:</b>		<b>Supplier Diversity Team Member Notes (Acceptable or Unacceptable):</b>
<b>Contract Negotiator or Manager Signature:</b>		<b>Contract Negotiator or Manager Review Date:</b>

If you are unable to secure M/WBE subcontractor participation and you have subcontracting and/or supplier opportunities or if your M/WBE subcontractor participation is less than the District's project goal, you must complete this form.

**Exhibit B - Dallas County Hospital District dba Parkland Health & Hospital System ("District")  
Minority/Woman Business Enterprise  
GOOD FAITH EFFORT**

Offeror Company Name  
Proposal Name

Due Date  
RFP Reference/Solicitation#

If the Offeror's method of compliance with the M/WBE goal is based upon demonstration of a "Good Faith Effort", the Offeror will have the burden of correctly and accurately preparing and submitting this documentation required by the District. Compliance in submitting this documentation shall satisfy the "Good Faith Effort" requirement absent proof of fraud, intentional and/or knowing misrepresentation of the facts or intentional discrimination by the Offeror.

1.) Did you solicit formal written quotes/or bids from M/WBE firms, within the subcontracting and/or supplier areas, at least ten calendar days prior to bid opening/or proposal due date in writing?

- Yes  
 No

2.) Did you provide plans and/or specifications to potential M/WBE(s) or information regarding the location of plans and specifications in order to assist the M/WBE(s)?

- Yes  
 No

3.) Describe any other method for solicitation not listed in 1 & 2: Please explain.

**NOTE:** If an email is used, attach a copy of the email, which is to include M/WBE company name, contact name, date & time email sent & received with response to the Offeror's original request.

4.) **If you rejected M/WBE quotes or if the M/WBE subcontracting participation is ZERO, complete page 4.** The documentation submitted should be detailed explaining why the M/WBE was rejected/or participation is ZERO and any supporting documentation the Prime Vendor/Contractor wishes to be considered by the District.

**NOTE:** You may advertise your solicitation or bid with local M/WBE Certification Agencies, Chambers of Commerce, Contractor Associations and local M/WBE Advocacy Groups. Please contact Supplier Diversity at [M/WBERequest@phhs.org](mailto:M/WBERequest@phhs.org) for more information.

*(Please use additional sheet(s), if necessary, and attach.)*  
**Intentional misrepresentation could result in criminal prosecution.**

M/WBE Company Name	Person Contacted and Date	Telephone Number and Email Address	Type of Work	Method of Communication (Telephone/Email)	Reason for Rejection

**If you did not reject any M/WBE quotes and your M/WBE participation is zero, please explain why.**

**The undersigned certifies that the information provided and the M/WBE(s) listed was/were contacted in good faith. It is understood that any M/WBE(s) listed may be contacted and the reasons for not using them will be verified by the District's Supplier Diversity Office.**

\_\_\_\_\_  
**Offeror Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Printed Name**

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

**Exhibit B - M/WBE Post Award Participation Plan**

1. Describe the method that will be used to identify M/WBEs for subcontract opportunities if and when they arise after contract award. Include definition or examples of records that will be used to record the solicitation and selection methods.

Examples of methods could include but not be limited to:

- a. Advertise opportunities in:
  - Local minority business council newsletters
  - Web based notification services targeted toward minority participation
- b. Solicit bids through local chambers of commerce

Examples of records could include but not be limited to:

- a. Bid tabulation sheets
- b. Advertisement copy

2. Describe the efforts the Offeror will make to ensure that M/WBEs have an equitable opportunity to compete for subcontracts after contract award if/as the opportunity arises



By signing below the Offeror affirms that:

- The Plan outlined above will be followed and adhered to in the event Offeror is awarded a contract under this solicitation.
- The Offeror will participate in any surveys as may be required at the sole discretion and direction of the District;
- The Offeror will submit periodic reports (monthly or quarterly as required by the District) on forms or in the manner required by the District so that the Supplier Diversity Team can determine the extent of compliance by the Offeror with the M/WBE participation plan.

Name/Business

Signature of Authorized Representative

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