



10% ELIGIBLE BUSINESS ENTERPRISE (EBE) ASPIRATIONAL GOAL FORM
Minority/Women business Department

A 10% EBE Aspirational Goal has been applied to this contract opportunity. Pursuant to the Uniform Terms and Conditions of this solicitation for the **Pittsburgh Public Schools (PPS)**, offering companies are required to identify their proposed utilization of certified diverse businesses upon responding.

CONTRACT TITLE/DESCRIPTION: _____
PPS STAFF: _____ **DEPARTMENT:** _____
ESTIMATED CONTRACT AMOUNT: _____ **START DATE:** _____

1. **Business Diversity Type** – Indicate all that apply and provide proof from a certifying agency for credit towards the EBE goal):
 - a. For Profit (corporation, partnership, etc.) Non-Profit (NPO) Government Agency
 - b. If your company is a 'for profit' entity, please identify your diversity status:
 - Minority Business (MBE) certified Disadvantaged Business (DBE) certified
 - Women Business (WBE) certified U.S. Small Business Administration (8(a)) certified
2. **Proposed Diversity Utilization Plan** – Please provide detailed information regarding any additional business entity that will assist in completing the scope of work as defined by this solicitation. Attach proof of current certification.

	Certified Diverse Business #1	Certified Diverse Business #2
Company Name		
Company Contact (name, title, email, and phone)		
Scope of Work		
Dollar Amount & Percentage of Contract	\$ _____ ÷ _____ total contract amount = _____ % of total contract	\$ _____ ÷ _____ total contract amount = _____ % of total contract
Business Diversity Type(s) (see question #1 above)		

3. **Good Faith Effort** – Please provide detailed information addressing your firm's culture for business diversity & inclusion if \$0 or 0% will be awarded to a certified diverse-owned/led firm.
 - a. Business Diversity \$ Paid Out Last Year to MBE, WBE, DBE, 8(a) or NPO certified firms?
 - Total Business Diversity Paid = _____
 - Total Business Diversity Paid/Your Company's Total \$ Spent = _____%
 - b. Business Diversity Firms Count: What is the total number of MBE, WBE, DBE, and/or SBA 8(a), firms that your company contracted with last year? Please itemize by each diversity type as well.
 MBE: _____ WBE: _____ DBE: _____ SBA 8(a): _____ Total: _____
 - c. Business Diversity Affiliations: Are you a member of any supplier/business diversity organizations? If so, please share the name of the organization and provide details concerning your level of involvement with that organization. _____

As the authorized representative for the company named below, I certify that the information concerning business diversity certifications and participation for this proposed contract have been reviewed by me and the information furnished is true to the best of my knowledge.

Company Name: _____ Date: _____
 Printed Name and Title of Owner/Authorized Representative: _____
 Address, City, State, and Zip Code: _____
 Phone Number: _____ Fax Number: _____
 Email Address of Authorized Representative: _____
 Signature of Authorized Representative: _____

This section to be completed by the Pittsburgh Public Schools staff:

Managing Department/School: _____
 Project Manager/Owner: _____ Phone Number: _____
 Board Docs Approval Month: _____ Board Docs Approval Number: _____
 Estimated Contract Amount: _____

Submit completed forms with attachments to the Minority/Women Business Department, pcastleberry1@pghschools.org.

The Pittsburgh Public Schools does not discriminate on the basis of race, color, age, creed, religion, sex, gender (including gender identity or expression), sexual orientation, ancestry, national origin, marital status, pregnancy or disability in its programs, activities or employment and provides equal access to designated youth groups. Inquiries may be directed to the Title IX Coordinator or the Section 504/ADA Title II Coordinator at 341 S. Bellefield Avenue, Pittsburgh, PA 15213 or 412.529.HELP (4357).

INSTRUCTIONAL GUIDE

This page provides a list of instructions to assist with completing the 10% EBE Aspirational Goal form. Please copy and utilize a separate form for each individual project or contract opportunity.

Top Section (captures your company information)

- Contract Title/Description – what products and/or services are you providing pricing for?
 - PPS Staff & Department – enter the name of the person and department that you submitted your pricing to.
 - Estimated Contract Amount – enter the amount.
 - Start Date – enter the anticipated date that the contract will commence.
1. **Business Diversity Type** – Check the box for all that apply.
PLEASE ATTACH PROOF OF CERTIFICATION IF APPLICABLE. For more information, visit our website at www.pghschools.org/mwbe.
 2. **Proposed Diversity Utilization Plan** – List any suppliers, sub-contractors, sub-consultants, etc. that you will compensate to assist in the completion of the scope of work for this contract opportunity.
 - Company name – enter the name of the certified diverse firm (based on the business diversity types above).
 - Contact information – provide the name, title, email and phone number of the contact person.
 - Type of work that they will perform – briefly describe their scope of work for this contract.
 - To calculate the percentage, use this formula:
 - i. the diverse vendor's subcontract amount (divided by) this total contract amount (equals) the % of contract. *Example: \$3,500 (subcontract amount) ÷ \$25,000 (total contract amount) = 14%*
 - Business diversity type - enter all options that apply based on the categories listed in section #1.
 3. **Good Faith Efforts (GFE)** – Complete this section if \$0 or 0% of your proposed contract amount will be paid, directly by your company, to a certified diverse firm. Your GFE should reflect dollars spent during the previous calendar year with certified diverse firms and not related to this contract opportunity.
 - a. **Business Diversity Dollars Awarded Last Year**
 - Total dollars spent with certified diverse firms in the previous year.
 - Percentage of your procurement dollars spent with certified diverse firms in the previous year.
 - b. **Business Diversity Firms Count** – enter the total certified diverse firms you spent dollars with last year, also break it down by certified business diversity type.
 - c. **Business Diversity Membership** – list the name of any organization(s) your company belongs to whose mission is to increase contracts awarded to diverse owned businesses. Describe your level of participation.

Final Section - must be signed off by the owner, or an authorized representative of the company/agency submitting this proposal, bid or quote.

- Print your company name and today's date.
- Print the name and title of the owner or authorized representative.
- Provide the physical address for the company.
- Provide the phone number and email address of the owner or authorized representative.
- Provide the signature of the owner or authorized representative.

TO BE COMPLETED BY PPS STAFF ONLY:

- Projected Approval Month – enter the projected approval month.
- Projected Approval Year – enter the projected approval year.
- Board Docs Number – enter the Board Docs number.

Please submit this completed form with attachments and questions or suggestions to Paula B. Castleberry, Minority/Women Business Department, at (412) 529-4660 or pcastleberry1@pghschools.org.