DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
GOAL SETTING MBE SOLICITATION REVIEW AND APPROVAL FORM

SBR Procurement ☐

ADPICS #: **M00R** **M00** **CO**	**OPASS #:** **Previous OPASS #:**	**Solicitation Title:**

Select: ☐ New Procurement ☐ Retro/Emergency ☐ Sole Source ☐ IGCP ☐ Option ☐Mod

Administration: **Contact Name:** **Phone:**	**OPASS Contract Officer** **Name:** **Phone:**

Anticipated Dollar Amount (including options)**:**	**Anticipated Start Date:**

Incumbent Vendor*: **Yes** ☐ **No** ☐ **Vendor Name:** **If incumbent vendor, please attach most recent budget*	**Non-Profit:** ☐	**MBE:** ☐	**SBR:** ☐

Duration of Contract Base: year(s) month(s)

Option 1: year(s) Option 2: year(s) Option 3: year(s) Option 4: year(s) Option 5: year(s)

MBE Subcontract Goal:	**Previous Goal:**	**Goal Met**	**Sub Goal Total:**	**African American:**	**Asian American:**	**Hispanic American:**	**Women:**
%	%	☐					

Goal Explanation/Justification:
Your goal factors should include available MBEs certified by the MDOT to perform the task for which you are soliciting and consideration as to which portion of the contract can be subcontracted.

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Recommendation:

☐ **Approved as submitted**

☐ **Approved with recommended changes (see comments)**

☐ **Denied:**

- ☐ Stated goal is insufficient. Recommended goal is %.
- ☐ Failure to include justification for MBE subcontracting goal.
- ☐ Other (see comments below)

Reviewed by Procurement Review Group (PRG): _____

MBE Administrator/Liaison: _____ **Date:** _____

Attorney General: _____ **Date:** _____

OPASS: _____ **Date:** _____

PRG Member: _____ **Date:** _____

PRG Member: _____ **Date:** _____

PRG Member: _____ **Date:** _____

PRG Member: _____ **Date:** _____

PRG Member: _____ **Date:** _____

Note 1: Submit options and modifications with MBE goals only. Attach original goal justification, additionally document total dollars spent with incumbent and total dollar amount with certified MBE subs (ADPICS documentation). If goal is not being met, submit a corrective action plan.

Note 2: Please attach your MDOT list with this solicitation. To obtain a list, go to http://mbe.mdot.state.md.us/directory.

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MBE SEARCH RESULTS

Categories Subcontractable	Number of Certified Companies in each Category	Estimated Dollar Value	Percentage of Anticipated Award
TOTAL	**0**	**$0.00**	**0%**

If a goal is not feasible for this contract, attach a list of those companies certified by MDOT which will be directly solicited with their names and certification numbers.