| Subcontractor Description |                                     |                       | AMOUNT                |                     |
|---------------------------|-------------------------------------|-----------------------|-----------------------|---------------------|
|                           |                                     |                       |                       |                     |
| Name a                    | nd Address of Solicited M/WBE Firms | Solicited<br>MM/DD/YY | Responded<br>MM/DD/YY | Awarded<br>MM/DD/YY |
| 1.                        | Source:                             |                       | IVIIVI/ DD/ 11        | IVIIVIJ DDJ TT      |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |
| 2.                        | Source:                             |                       |                       |                     |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |
| 3.                        | Source:                             |                       |                       |                     |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |
|                           |                                     |                       |                       | 1                   |
|                           | Subcontractor Description           |                       |                       | AMOUNT              |
|                           |                                     |                       |                       |                     |
|                           |                                     |                       |                       |                     |
|                           |                                     |                       |                       |                     |
|                           | Lall Collin Lagharas                | Solicited             | Responded             | Awarded             |
| Name a                    | nd Address of Solicited M/WBE Firms | MM/DD/YY              | MM/DD/YY              | MM/DD/YY            |
| 1.                        | Source:                             |                       |                       |                     |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |
| 2.                        | Source:                             |                       |                       |                     |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |
| 3.                        | Source:                             |                       |                       |                     |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |
|                           |                                     |                       |                       | _                   |
|                           | Subcontractor Description           |                       |                       | AMOUNT              |
|                           |                                     |                       |                       |                     |
|                           |                                     |                       |                       |                     |
|                           |                                     |                       |                       |                     |
|                           | ad Addison of Call to the force of  | Solicited             | Responded             | Awarded             |
| Name a                    | nd Address of Solicited M/WBE Firms | MM/DD/YY              | MM/DD/YY              | MM/DD/YY            |
| 1.                        | Source:                             |                       |                       |                     |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |
| 2.                        | Source:                             |                       |                       |                     |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |
| 3.                        | Source:                             |                       |                       |                     |
|                           | Name:                               |                       |                       |                     |
|                           | Phone:                              |                       |                       |                     |





## INDUSTRIAL AND COMMERCIAL ABATEMENT PROGRAM (ICAP)

## MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES (M/WBE) COMPLIANCE REPORT

Mail to: NYC Department of Finance, Industrial and Commercial Abatement Program, 59 Maiden Lane, NY 10038 and NYC Department of Small Business Services, Labor Services Unit, 1 Liberty Plaza, 11th Floor, New York, NY 10006

\*This document – the ICAP M/WBE Compliance Report – should be submitted with the Preliminary Application for Certificate Eligibility

**Local Law 67 of 2008** requires that all Industrial and Commercial Abatement Program (ICAP) beneficiaries include CITY-certified Minority and Women-owned Business Enterprises (W/MBE) firms in construction projects for which tax abatements are granted.

**All ICAP applicants must reach out to M/WBE firms.** To find M/WBE firms, please access the City's Online Directory of Certified Businesses. To search for firms by commodity codes, locations, and keywords, go to <a href="https://www.nyc.gov/buycertified">www.nyc.gov/buycertified</a>

For projects over \$750,000, ICAP applicants must indicate which outreach activities they performed by checking the boxes below. Please note applicants <u>must keep detailed records</u> of the outreach activities accessible at their place of business.

## Outreach Activities (check all that apply):

| Advertised opportunities to participate in the project in general circulation media, trade and professional association publications, small business media, and publications of M/WBE organizations            |
|--|
| Provided written notices of specific opportunities to M/WBE firms inviting their participation   |
| Held meetings with M/WBEs prior to the date their bids or proposals were due, for the purpose of explaining in detail the scope and requirements of the work, for which their bids or proposals were solicited |
| Made efforts to negotiate with M/WBEs to perform specific subcontracts, or act as suppliers, or service providers  |
| Made timely requests to the NYC Department of Small Business Services for help locating certified M/WBE firms  |
| Attempted to identify interested M/WBEs not currently on the list of City-Certified firms  |

Applicants with construction projects \$1.5 million and greater must complete the above requirements as well as list at least three M/WBE firms that were solicited to perform subcontracting work for each subcontract on the project: