APPENDIX V

VETERAN-OWNED BUSINESS ENTERPRISE CONTRACTING POLICY REQUIREMENTS

Section 1. Purpose

The purpose of this policy is to increase contracting opportunities with the Metropolitan Water Reclamation District of Greater Chicago for veteran-owned and operated small business enterprises.

Section 2. Definitions

(a) “Eligible Veteran” means an individual who has been a member of the armed forces of the United States and served for a total of at least six months, or for the duration of hostilities regardless of the length of engagement; and
   a. was discharged on the basis of hardship; or
   b. was released from active duty because of a service connected disability; or
   c. was discharged under honorable conditions

Former members of the military with the following type of discharges are excluded from the District’s Veteran-owned Business Enterprise Contracting Policy:
   a. dishonorably discharged; or
   b. bad conduct discharge; or
   c. general discharge under other-than-honorable conditions

(b) “Good Faith Efforts” means those honest, fair and commercially reasonable actions undertaken by a construction contractor or professional services consultant to meet the VBE goal, which by their scope, intensity, and appropriateness to the objective, can reasonably be expected to fulfill the Policy’s goals.

(c) “Participating Business” means a business located within the counties of Cook, DuPage, Kane, Lake, McHenry or Will in the State of Illinois or Lake County in the State of Indiana which has the majority of its regular full-time work force located in this region and/or a business which has been placed on the District’s vendor list and/or has bid or sought District contract(s) for construction or professional services work.

(d) “Small Business Enterprise” (SBE) in this Appendix has the meaning consistent with Appendix D for construction contracts or Appendix A for professional services contracts, as applicable.

(e) “Veteran-owned Business Enterprise” (VBE) means both a small business enterprise and participating business, including a sole proprietorship, partnership, corporation, limited liability company, joint venture or any other business or professional entity which is at least fifty-one (51%) directly and unconditionally owned by one or more eligible veterans, or, in the case of a publicly held corporation, at least fifty-one (51%) of the stock which is owned by one or more eligible veterans, and whose control and management of the business including long-term goals for the company as well as day-to-day operations are controlled by one or more eligible veterans.
Section 3. Certification Eligibility

(a) Only a firm owned by an Eligible Veteran(s) may be certified as a VBE.

(ii) Ownership by one or more Eligible Veterans must be direct ownership.

(ii) A business or professional enterprise owned principally by another business entity that is in turn owned and controlled by one or more veterans would not qualify.

(b) Only a firm that is managed and controlled by an Eligible Veteran(s) may be certified as a VBE.

(c) For the purposes of this policy, there is no distinction between service-disabled (SDVBE) and non-service disabled veteran-owned businesses.

Section 4. Contract Goals

(a) The standard participation goal for VBEs is three-percent (3%), unless otherwise specified in the Invitation to Bid. The participation goals are applicable to District contracts where the estimated total expenditure is in excess of $100,000.00, or in a lesser amount as authorized by the Board of Commissioners.

(b) VBE goals are separate from the Minority Business Enterprise (MBE), Women’s Business Enterprise (WBE), and Small Business Enterprise (SBE) goals.

(c) VBE contract goals will only be applied to a contract when there are at least two (2) qualified VBE contractors or professional services consultants registered on the District’s vendor list to perform the anticipated subcontracting functions of the contract.

(d) VBE goals are separate from Minority-owned Business Enterprise (MBE), Women-owned Business Enterprise (WBE) and Small Business Enterprise (SBE) goals. An Eligible Veteran who is also an MBE, WBE, or SBE may be dual-utilized to fulfill both goals. However, the three-percent (3%) VBE goal must be accomplished in addition to the M/W/SBE goals set forth in a contract.

Section 5. Good Faith Efforts

The Contractor must undertake “Good Faith Efforts” to ensure that qualified VBE firms are utilized in the performance of the contract and provide maximum opportunities for VBE participation, notwithstanding the fact that the Contractor may have the capability to complete the project without the use of subcontractors.

Section 6. VBE Commitment Form Submission

Complete the VBE COMMITMENT FORM.

(a) Provide the names, contact information and qualifications for the prospective VBE firms that you plan to use. Delineate the various anticipated categories and/or disciplines of work/services to be provided by VBE firms.
(b) Summarize Contractor’s or Consultant’s commitment to comply with the VBE goals regarding this project.

(c) Where a Contractor or Consultant is a business owned and controlled by a VBE or where the Contractor or Consultant utilizes a VBE in a joint venture or as a subcontractor, a Contractor or Consultant may count toward the achievement of its VBE goals the utilization of any VBE that also satisfies the definition of a SBE, as set forth in the Revised Appendix D or Appendix A, as applicable to construction or professional services contracts.

Section 7. Effective Date

This policy is effective on January 1, 2019, and applies only to qualifying contracts advertised after the effective date.

RDB/MTC/PJS/ps Adopted by Order of the Board November 15, 2018
VBE COMMITMENT FORM

1. Name of VBE: 
   
   Identify MBE, WBE, SBE Status: 
   Address: 
   
   City, State, Zip Code: 
   
   Contact Person: 
   Telephone Number: 
   
   eMail Address: 
   
   Dollar Amount of Participation: $_______ Percent of Participation: ____%
   Scope of Work: 

2. Name of VBE: 
   
   Identify MBE, WBE, SBE Status: 
   Address: 
   
   City, State Zip Code: 
   
   Contact Person: 
   Telephone Number: 
   
   eMail Address: 
   
   Dollar Amount of Participation: $_______ Percent of Participation: ____%
   Scope of Work: 

3. Name of VBE: 
   
   Identify MBE, WBE, SBE Status: 
   Address: 
   
   City, State Zip Code: 
   
   Contact Person: 
   Telephone Number: 
   
   eMail Address: 
   
   Dollar Amount of Participation: $_______ Percent of Participation: ____%
   Scope of Work: 

4. Name of VBE: 
   
   Identify MBE, WBE, SBE Status: 
   Address: 
   
   City, State, Zip Code: 
   
   Contact Person: 
   Telephone Number: 
   
   eMail Address: 
   
   Dollar Amount of Participation: $_______ Percent of Participation: ____%
   Scope of Work: 

Attach a copy of qualifications for each VBE firm
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