



CITY OF GARY – GARY SANITARY DISTRICT – GARY STORM WATER MANAGEMENT DISTRICT  
OFFICE OF COMPLIANCE \* BIDDER INCLUSION PRACTICES REPORT



Note: This form shall be submitted by the Prime Bidder Only and shall be included with each bid or proposal. It may also be used and applicable on City of Gary or other approved Sister Agency projects. All companies seeking to do business in Gary must be appropriately licensed by the City of Gary prior to the commencement of work. Prime bidders **must be** appropriately licensed at time of bid. Refusal to submit this form or any other required or requested bid documentation will deem you non-responsive and non-responsible. Questions concerning this form should be directed in writing to Tammi Davis, Director of Policy Engagement and Inclusion, at [tammi@garysan.com](mailto:tammi@garysan.com) or 219-944-0595 ext. 1824.

**Please complete this form in its entirety. If an area is not applicable, then indicate by placing “N/A” in the appropriate reply box.**

By initialing each of the following sections and signing this document, you affirm and acknowledge receipt and knowledge of the provisions, requirements and expectations identified and represented in this document. You further affirm in your capacity as the bidder or authorized representative of the bidder the following: It is the policy of the Gary Sanitary District to maximize opportunities for and the engagement of Gary, Minority, Women and Veteran-owned businesses and encourages the inclusion of such firms in all of its procurements be it direct or indirect. Pursuant to the City of Gary Mayor’s Executive Order 2020-01, the Gary Sanitary District (“GSD”) supports Minority Business Enterprises (MBEs), Women Business Enterprises (WBEs) and Veteran Business Enterprises (VBEs) and is committed to ensuring that all solicitations, contracts and procurements let and/or funded, in whole or in part, by the GSD and all of its procuring departments include the full participation of MBEs, WBEs and VBEs. Additionally, the utilization of MBEs, WBEs and VBEs shall be applicable in the procurement of professional services, supply and construction contracts and shall be considered at all tier-levels of engagement. Initial Here: \_\_\_\_\_

The contracting goals for this project are as follows:

GOAL TYPE	GBE	MBE	WBE	VBE	DBE	SBE	OTHER:
GOAL							
YOUR COMMITMENT							

Initial Here: \_\_\_\_\_ I acknowledge and commit to meeting the local and diversity contracting goals of this project as set forth above.

The construction trade workforce goals for this project are on a per trade basis and are as follows:

GOAL TYPE	GARY	MINORITY	WOMEN	OTHER:
GOAL				
YOUR COMMITMENT				

Initial Here: \_\_\_\_\_ NOTE: **EACH** construction contractor self-performing work will have to complete and submit the GSD’s Project Employment Utilization Form.

I AGREE to include in all of my subcontract agreements associated with this project the applicable goals as listed above and as included in referenced regulations, policies or ordinances and understand that as the contract holder with the GSD that I am ultimately responsible for ensuring that my company and our entire subcontracting team achieve the GSD contracting and construction trade workforce goals. Initial Here: \_\_\_\_\_



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I AGREE to complete and submit all required and requested documentation to support our project team’s utilization of Gary, minority, women and veteran businesses in association with this project. Such documentation will include but will not be limited to a Sworn Statement, Certification Letters, Partial and Final Waiver of Liens and cancelled checks. I understand that these documents must be submitted to the GSD prior to the release of payment for each payment application. Initial Here: \_\_\_\_\_

I AGREE to utilize the Gary, minority, women and veteran businesses as presented on the GSD’s Subcontractor Utilization Form. I understand that if any subcontractor or supplier listed on the GSD’s Subcontractor Utilization Form has to be replaced prior to or during their respective scope of work, I am to notify GSD immediately via email and am to submit an updated Subcontractor Utilization Form for GSD’s review and approval prior to contracting a replacement for any subcontractor or supplier. I agree to exhaust all reasonable efforts, as identified and approved by the GSD, to replace a Gary, minority, women or veteran business with the same. Initial Here: \_\_\_\_\_

I AGREE to complete and submit all required and requested documentation to support our project team’s utilization of Gary, minority and women residents in association with this project. Such documentation will include but will not be limited to certified payrolls, apprentice certificates and cancelled checks. I understand that Certified Payrolls are required to be submitted by all self-performing contractors at all tiers and agree to ensure that our entire project team submits them timely. I understand that submission of certified payrolls will be evaluated with each payment application submitted. I understand that our firm’s payment will be withheld for not providing Certified Payrolls in addition to other compliance-related documents required by the GSD’s Office of Compliance. Initial Here: \_\_\_\_\_

I AGREE to use the GSD’s project management/certified payroll software solution to report utilization of Gary, minority, women and veteran businesses and residents.

I UNDERSTAND that job site visits will be conducted by the GSD’s Office of Compliance to verify participation of Gary, minority, women and veteran residents and businesses. I will ensure that our entire project team including all on-site construction workers and supervisory personnel are informed of the visits and will ensure that our entire team complies with full participation, as requested. Initial Here: \_\_\_\_\_

I UNDERSTAND that project information may be requested from the GSD’s Office of Compliance prior to or during the course of the project to evaluate and monitor our project team’s compliance with the GSD’s contracting and workforce goals. On behalf of our entire project team, I agree to fully cooperate with providing information and documentation, as requested, for this project and our work with the GSD and the City of Gary. Initial Here: \_\_\_\_\_

I AGREE to attend a Pre-Construction/Mobilization/Project Kick-off Compliance Meeting led by the GSD and agree to ensure that our project team’s Tier 2 subcontractors attend. Initial Here: \_\_\_\_\_

I AGREE to attend and/or participate in local community hearings, briefings or meetings concerning this project and if requested, organize such meetings to provide project updates. Initial Here: \_\_\_\_\_

I certify by my signature below that the information provided and represented in this Bidder’s Inclusion Report is correct and true to the best of my knowledge and awareness. I further understand that authorized personnel of the Gary Sanitary District and/or City of Gary may confirm any information contained herein and commit to cooperate fully if any additional information or clarification is needed or requested.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Authorized Representative

\_\_\_\_\_  
 Authorized Representative Email



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**I. GENERAL INFORMATION**

<b>Project Name:</b>	<b>Project Number:</b>
<b>Prime Bidder Name:</b>	<b>Contact Person for this Form:</b>
<b>Prime Bidder Address:</b>	<b>Contact Person Email:</b>
<b>Prime City, State &amp; Zip:</b>	<b>Contact Person Phone:</b>

**II. History of Compliance with MBE/WBE participation and workforce goals**

**A. Have you ever performed work for the Gary Sanitary District?**       YES       NO

If yes, please provide the following information on the most recent project completed that had diversity contracting and/or workforce goals:

<b>Project Name:</b>	<b>Project Owner:</b>	
<b>Contracting Dept.:</b>	<b>Contract Amount:</b>	
<b>Contract Holder's Contact Name:</b>	<b>Owner Diversity/Compliance Rep Name:</b>	
<b>Contract Holder's Contact Email:</b>	<b>Owner Diversity/Compliance Rep Email:</b>	
<b>Contract Holder's Contact Phone:</b>	<b>Owner Diversity/Compliance Rep Phone:</b>	
<b>Contract Role: Prime, Subcontractor, Supplier</b>	<b>Start Date:</b>	<b>Completion Date:</b>
<b>Scope of Work:</b>	<b>Trades Employed or Supplies Provided, if supplier:</b>	

**What were the Local or Diversity Goals for this project? What was the outcome regarding actual percentage of meeting the Goals?**

Type of Goal	Contractual Goal	Actual Achieved	N/A	Reason for Shortfall
<b>GBE</b>				
<b>MBE</b>				
<b>WBE</b>				
<b>VBE</b>				
<b>DBE</b>				
<b>SBE</b>				
<b>OTHER:</b>				
<b>Gary Workforce</b>				
<b>Minority Workforce</b>				
<b>Women Workforce</b>				
<b>OTHER:</b>				



**B. Have you ever performed work for the Gary Storm Water Management District?**  YES  NO

If yes, please provide the following information on the most recent project completed that had diversity contracting and/or workforce goals:

Project Name:		Project Owner:	
Contracting Dept.:		Contract Amount:	
Contract Holder's Contact Name:		Owner Diversity/Compliance Rep Name:	
Contract Holder's Contact Email:		Owner Diversity/Compliance Rep Email:	
Contract Holder's Contact Phone:		Owner Diversity/Compliance Rep Phone:	
Contract Role: Prime, Subcontractor, Supplier		Start Date:	Completion Date:
Scope of Work:		Trades Employed or Supplies Provided, if supplier:	

What were the Local or Diversity Goals for this project? What was the outcome regarding actual percentage of meeting the Goals?

Type of Goal	Contractual Goal	Actual Achieved	N/A	Reason for Shortfall
GBE				
MBE				
WBE				
VBE				
DBE				
SBE				
OTHER:				
Gary Workforce				
Minority Workforce				
Women Workforce				
OTHER:				

**C. Have you ever performed work for the City of Gary (any department)?**  YES  NO

If yes, please provide the following information on the most recent project completed that had diversity contracting and/or workforce goals:

Project Name:		Project Owner:	
Contracting Dept.:		Contract Amount:	
Contract Holder's Contact Name:		Owner Diversity/Compliance Rep Name:	
Contract Holder's Contact Email:		Owner Diversity/Compliance Rep Email:	
Contract Holder's Contact Phone:		Owner Diversity/Compliance Rep Phone:	



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<b>Contract Role: Prime, Subcontractor, Supplier</b>				<b>Start Date:</b>	<b>Completion Date:</b>
<b>Scope of Work:</b>				<b>Trades Employed or Supplies Provided, if supplier:</b>	
<b>What were the Local or Diversity Goals for this project? What was the outcome regarding actual percentage of meeting the Goals?</b>					
<b>Type of Goal</b>	<b>Contractual Goal</b>	<b>Actual Achieved</b>	<b>N/A</b>	<b>Reason for Shortfall</b>	
<b>GBE</b>					
<b>MBE</b>					
<b>WBE</b>					
<b>VBE</b>					
<b>DBE</b>					
<b>SBE</b>					
<b>OTHER:</b>					
<b>Gary Workforce</b>					
<b>Minority Workforce</b>					
<b>Women Workforce</b>					
<b>OTHER:</b>					

**D. Have you ever performed work for any federal agency, i.e. U.S. Army Corps of Engineers, U.S. Dept. of Energy, etc.? YES NO If YES, which agency: \_\_\_\_\_**

If yes, please provide the following information on the most recent project completed that had diversity contracting and/or workforce goals:

<b>Project Name:</b>				<b>Project Owner:</b>	
<b>Contracting Dept.:</b>				<b>Contract Amount:</b>	
<b>Contract Holder's Contact Name:</b>				<b>Owner Diversity/Compliance Rep Name:</b>	
<b>Contract Holder's Contact Email:</b>				<b>Owner Diversity/Compliance Rep Email:</b>	
<b>Contract Holder's Contact Phone:</b>				<b>Owner Diversity/Compliance Rep Phone:</b>	
<b>Contract Role: Prime, Subcontractor, Supplier</b>				<b>Start Date:</b>	<b>Completion Date:</b>
<b>Scope of Work:</b>				<b>Trades Employed or Supplies Provided, if supplier:</b>	
<b>What were the Local or Diversity Goals for this project? What was the outcome regarding actual percentage of meeting the Goals?</b>					
<b>Type of Goal</b>	<b>Contractual Goal</b>	<b>Actual Achieved</b>	<b>N/A</b>	<b>Reason for Shortfall</b>	
<b>GBE</b>					
<b>MBE</b>					
<b>WBE</b>					



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<b>VBE</b>				
<b>DBE</b>				
<b>SBE</b>				
<b>OTHER:</b>				
<b>Gary Workforce</b>				
<b>Minority Workforce</b>				
<b>Women Workforce</b>				
<b>OTHER:</b>				

**E. Have you ever performed work for any other waste water utility?**    YES                       NO

If YES, which WWTP: \_\_\_\_\_

If yes, please provide the following information on the most recent project completed that had diversity contracting and/or workforce goals:

<b>Project Name:</b>	<b>Project Owner:</b>		
<b>Contracting Dept.:</b>	<b>Contract Amount:</b>		
<b>Contract Holder's Contact Name:</b>	<b>Owner Diversity/Compliance Rep Name:</b>		
<b>Contract Holder's Contact Email:</b>	<b>Owner Diversity/Compliance Rep Email:</b>		
<b>Contract Holder's Contact Phone:</b>	<b>Owner Diversity/Compliance Rep Phone:</b>		
<b>Contract Role: Prime, Subcontractor, Supplier</b>	<b>Start Date:</b>	<b>Completion Date:</b>	
<b>Scope of Work:</b>	<b>Trades Employed or Supplies Provided, if supplier:</b>		

**What were the Local or Diversity Goals for this project? What was the outcome regarding actual percentage of meeting the Goals?**

Type of Goal	Contractual Goal	Actual Achieved	N/A	Reason for Shortfall
<b>GBE</b>				
<b>MBE</b>				
<b>WBE</b>				
<b>VBE</b>				
<b>DBE</b>				
<b>SBE</b>				
<b>OTHER:</b>				
<b>Gary Workforce</b>				
<b>Minority Workforce</b>				
<b>Women Workforce</b>				
<b>OTHER:</b>				



**III. Company’s Diversity and Inclusion standard practices.**

<b>OUR FIRM...</b>	<b>Standard Practice</b>	<b>Not Standard</b>	<b>Would like more information</b>
Regularly advertises for GBE/MBE/WBE/DBE/VBE/SBE firms to contact us for JV or subcontracting and supplier services	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Invites GBE/MBE/WBE/DBE/VBE/SBE to attend pre-bid meetings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a member of organizations that target GBE/MBE/WBE/DBE/VBE/SBEs	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Supports, financially or with other resources, organizations that target GBE/MBE/WBE/DBE/VBE/SBEs	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Maintains a list of GBE/MBE/WBE/DBE/VBE/SBE firms from which to solicit JV, subcontractor or supplier opportunities	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Identifies scopes of work that can be performed by GBE/MBE/WBE/DBE/VBE/SBEs	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assists GBE/MBE/WBE/DBE/VBE/SBEs with lines of credit, bonding assistance, leasing equipment, insurance and other capacity building needs	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Regularly participates in outreach conferences to meet new GBE/MBE/WBE/DBE/VBE/SBE firms	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Encourages GBE/MBE/WBE/DBE/VBE/SBE firms to become certified with City-approved Certification Agencies	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notifies trade associations of our need for GBE/MBE/WBE/DBE/VBE/SBE firms regularly	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Participates in career fairs to introduce high school and college students to our firm’s industry and segments	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sponsors or writes Letter of Intent for Gary, Minority and Women individuals to become apprentices in construction trade apprenticeship programs	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Makes plans and specifications available at our office, online or other location for GBE/MBE/WBE/DBE/VBE/SBE firms to view their respective scopes of work	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hosts company-sponsored networking and outreach events to meet and introduce GBE/MBE/WBE/DBE/VBE/SBE to our company	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Maintains a log of each communication and bid sent to GBE/MBE/WBE/DBE/VBE/SBEs	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Recruits Gary, minority and women individuals for internship positions	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has an Affirmative Action Policy	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trains and educates all employees on Anti-Discrimination on Anti-Sexual Harassment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



**IV. Membership and Affiliations. Please provide the names of organizations that your firm actively engages and recruits from to utilize Gary, minority, women and veteran businesses and residents.**

Name of Organization (If a construction trade union, list the union local number.)	Target Service Area	
	<input type="checkbox"/> Workforce	<input type="checkbox"/> Business
	<input type="checkbox"/> Workforce	<input type="checkbox"/> Business
	<input type="checkbox"/> Workforce	<input type="checkbox"/> Business
	<input type="checkbox"/> Workforce	<input type="checkbox"/> Business
	<input type="checkbox"/> Workforce	<input type="checkbox"/> Business
	<input type="checkbox"/> Workforce	<input type="checkbox"/> Business
	<input type="checkbox"/> Workforce	<input type="checkbox"/> Business

**V. Audits and Findings.**

Have you ever worked on a federal or federally-funded project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what was the name of the most recent project? Provide name of agency, agency contact person, email and phone number in the spaces below.	
Name of Project:	
Agency Contact:	Email: Phone:
Have you ever been audited by the U. S. Dept. of Labor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when was the audit conducted?	Date:
If yes, were you found to be in compliance with DOL requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, were you required to enter into a conciliatory agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, what were the findings? Provide a summary in the space below.	<input type="checkbox"/> N/A
Have you ever been barred from working on a federal or federally-funded project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had to pay any employees backwages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever received a stop-work order due to non-compliance with diversity and inclusion contracting or hiring?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**VI. Personnel.**

Who is responsible for completing and submitting your certified payrolls?					
Name:		Email:		Phone:	
Who is responsible for project-related EEO, Affirmative Action and Diversity policies and practices within your company?					
Name:		Email:		Phone:	
Do you have a Gary office?					
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, is your Gary office the primary office or headquarters?					
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, how many Full-Time Equivalent employees do you have in your Gary office?					
If yes, how many Gary residents are employed at this location?					
How many office locations do you have?					
TOTAL Employees:		Total GARY employees:	Total MINORITY employees:	Total WOMEN employees:	Total VETERAN employees:
Minority breakdown	African-Americans:	Hispanic:	Asian-Indian:	Native American:	Asian-Pacific Islander: