

IU HEALTH XBE FORM SD-05 COMPLETION GUIDE

Form	Purpose	When Utilized	Guiding Principle
M/W/VBE and Local Indiana Business Subcontractor Utilization Tracking Form (Form SD-05)	Submitted by project consultants/contractors with all invoices for payment processing to report actual related period spend and total spend to date for XBE and local Indiana business subcontractors, relative to all tiers , for tracking with prior commitments.	Submitted with all project-related invoices for payment processing, regardless of whether XBE subcontractors and/or local Indiana businesses were involved in the associated spend.	Consistently, on a monthly basis, measure the commitment and intentionality of partnering with diverse subcontractors. Data will help “tell our story”, shift our language from anecdotal to factual and target our improvement efforts.

General Instructions

A Completion Guide Legend is provided on the following page for additional guidance and clarification relative to requested information for certain fields designated on Form SD-05 by the corresponding red circled Legend numbers on the form’s image below. The form is cumulative in nature and should be completed **in its entirety** with updated project-to-date information prior to being submitted with each invoice for payment processing.

In addition to the submission of Form SD-05, consultants/contractors with direct data-entry access to the e-Builder application should enter the required Form SD-05 summary information in a complete, accurate and timely manner to promote effective, efficient and prompt invoice payment processing.

Indiana University Health		MW/VBE AND LOCAL INDIANA BUSINESS SUBCONTRACTOR UTILIZATION TRACKING FORM (FORM SD-05)							THIS FORM MUST BE SIGNED AND SUBMITTED WITH ALL PAY APPLICATIONS		
ONLY LIST XBE SUBCONTRACTORS WHO ARE NOT SUBCONTRACTED BY OTHER LISTED XBE FIRMS*											
PROJECT NAME:				REPORTING PERIOD (MM/DD/YY - MM/DD/YY):				①			
PROJECT #:				PAY APPLICATION #:							
DESCRIPTION OF CONTRACT:				ORIGINAL CONTRACT VALUE:				\$ -			
COMPANY NAME:				TOTAL CHANGE ORDERS:				\$ -			
FEDERAL TAX ID#:				CURRENT CONTRACT VALUE (Includes Change Orders):				\$ -			
ADDRESS LINE 1:				CONTRACTOR DIVERSITY SPEND PROMISE/OWNER EXPECTATION:				\$ ② -			
ADDRESS LINE 2:				TOTAL AMOUNT INVOICED FOR THE CURRENT PERIOD:				\$ ③ -			
CITY/STATE/ZIP:				CURRENT PERIOD NON-DIVERSITY SPEND:				\$ ④ -			
CONTACT PERSON:				CURRENT PERIOD DIVERSITY SPEND:				\$ ⑤ -			
CONTACT PHONE/FAX:				UNRECONCILED VARIANCE:				\$ ⑥ -			
CONTACT EMAIL:				TOTAL CURRENT CONTRACT VALUE INVOICED TO DATE:				\$ -			
% OF TOTAL CURRENT CONTRACT VALUE INVOICED TO DATE:										#DIV/0!	
⑦ SUBCONTRACTOR/FEDERAL ID# (STREET ADDRESS/ZIP/TELEPHONE) <small>ONLY LIST XBE SUBCONTRACTORS WHO ARE NOT SUBCONTRACTED BY OTHER LISTED XBE FIRMS</small>	CERTIFICATE TYPE (MBE, WBE OR VBE) USING DROP-DOWN LIST, INDICATE ONLY ONE	CERTIFICATION AGENCY	⑧ DEFINED LOCAL INDIANA BUSINESS (INDICATE WITH "X")	DESCRIPTION OF WORK	ORIGINAL SUBCONTRACT AMOUNT	CURRENT SUBCONTRACT AMOUNT	AMOUNT INVOICED FOR THE PERIOD	TOTAL AMOUNT INVOICED TO DATE	PERCENTAGE OF WORK COMPLETED	SCHEDULED START DATE (MM/DD/YY)	SCHEDULED END DATE (MM/DD/YY)
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
					\$ -	\$ -	\$ -	\$ -	#DIV/0!		
				TOTALS:	\$ -	\$ -	\$ -	\$ -	#DIV/0!	XBE/LOCAL INDIANA BUSINESS SPEND % OF CURRENT CONTRACT VALUE INVOICED TO DATE	XBE/LOCAL INDIANA BUSINESS SPEND % OF TOTAL CURRENT CONTRACT VALUE
				SUBTOTAL MBE:	\$ -	\$ -	\$ ⑩ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
				SUBTOTAL WBE:	\$ -	\$ -	\$ ⑩ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
				SUBTOTAL VBE:	\$ -	\$ -	\$ ⑩ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
				TOTAL DIVERSITY SPEND:	\$ -	\$ -	\$ ⑩ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
					UNRECONCILED VARIANCE:				\$ ⑩ -		
					<small>If not \$0, Validate the Accuracy of the Values in the Cells Directly Above</small>				\$ ⑩ -		
				TOTAL DEFINED LOCAL INDIANA BUSINESS SPEND:	\$ -	\$ -	\$ ⑩ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
Signature of Authorized Bidder/Prime Contractor Officer:				DATE:							
Printed Name of Authorized Bidder/Prime Contractor Officer:				TITLE:							

**M/W/VBE and Local Indiana Business Subcontractor Utilization Tracking Form (Form SD-05)
Completion Guide Legend**

Legend #	Field Description	Completion Guidance
①	Reporting Period	“Reporting Period” should coincide with the date range covered by the accompanying invoice being presented for payment processing.
②	Contractor Diversity Spend Promise/Owner Expectation	Recorded amount should correspond with the total committed XBE spend for the related contract as reflected on XBE Forms SD-01, SD-02 and SD-03.
③	Total Amount Invoiced for the Current Period	Recorded amount should tie to the total amount due as reflected on the accompanying invoice being presented for payment processing.
④	Current Period Non-Diversity Spend	Non-Diversity spend included in the total amount due as reflected on the accompanying invoice being presented for payment processing (③).
⑤	Current Period Diversity Spend	Diversity spend included in the total amount due as reflected on the accompanying invoice being presented for payment processing (③).
⑥	Unreconciled Variance	This calculated field reconciles the combined total of “Current Period Non-Diversity Spend” and “Current Period Diversity Spend” to the “Total Amount Invoiced for the Current Period”. In the case of a reflected variance, the accuracy of amounts recorded in fields ③, ④ and ⑤ should be reconfirmed.
⑦	Subcontractor/Federal ID# (Street Address/Zip/Telephone)	To avoid double counting XBE utilization, only include subcontractors whose spend is not rolled up into amounts being reported by other subcontractors listed in this section.
⑧	Subcontractor Information Input Fields	Form SD-05 is protected to maintain the integrity of automated calculations. If additional rows are needed, please contact your Design & Construction Project Manager for assistance.
⑨	Defined Local Indiana Business	An entity qualifies as a Local Indiana Business if it meets one or more of the following conditions: 1) principal place of business is located in Indiana; 2) pays a majority of its payroll (in dollar volume/W-2 vs. 1099) to residents of Indiana; 3) employs Indiana residents as a majority of its employees; 4) makes significant capital investments in Indiana (\$5 million or more in facilities or equipment, or annual lease payments of at least \$2.5 million); 5) provides substantial economic impact on Indiana as a top 500 company for number of employees, unemployment taxes, payroll withholding taxes or corporate income taxes.
⑩	Unreconciled Variance	This calculated field reconciles the combined total of the current period invoiced amounts recorded for each listed XBE firm to the previously recorded “Current Period Diversity Spend”. In the case of a reflected variance, the accuracy of the amount recorded in field ⑤ and the current period invoiced amounts reflected for each listed XBE firm should be reconfirmed.
⑪	Subtotal MBE: Subtotal WBE: Subtotal VBE: Total Diversity Spend: Total Defined Local Indiana Business Spend:	From the Amount Invoiced for the Period column, record the amount reflected for each category in the associated Commitment Invoice Custom Field located in the Invoice Information section of the e-Builder application. Confirmation of complete and accurate entry of the referenced Form SD-05 data into e-Builder is the responsibility of the Design & Construction Project Manager.