AFFIRMATIVE MARKET PROGRAM (AMP) PLAN FORM



Pursuant to *Executive Order 390*, any contract with a potential financial benefit of \$50,000 or more requires a bidder to complete sections of this form that apply and include the required attachments for consideration in the scoring of their submission for any contracting opportunity with the Commonwealth of Massachusetts.

Bidders must submit one form for each M/WBE AMP Relationship. Bidder Name: The Cafaro Group, LLC t/a Cafaro Greenleaf RFR Number: RFR Name/Title: Conduct Investment Fund Reviews DHE-ORP-004 Contact Name: Wayne K. Greenleaf Phone: Fax: 732 530 - 8165 800 401 4830 Email address: wgreenleaf@cafarogreenleaf.com Company Address: Is bidder SOMWBA certified? N/A X No 🗌 Applied for certification Affirmative Market Program Partner (not bidder) M/WBE Contact Name: M/WBE Company Name: M/WBE Company Address: M/WBE Telephone: M/WBE Email: AMP Partner's SOMWBA Certification Status. Please Check Only One Per Form: MBE I I WBE I M/WBE | | M/W Non Profit Applied for certification Certification Expiration Date (copy of certification letter must be attached): Check type of business relationship here that applies to AMP Partner and complete appropriate section below (1-5): 1. Subcontract: include a copy of the written agreement between the Bidder and Subcontractor. 2. <u>Growth & Development:</u> enclose plan for education, training, mentoring, resource sharing, other initiatives. 3. Ancillary: submit verbal or written expenditure commitments. 4. Past Performance: credit for past expenditures with certified M/WBEs (for previous 2 years). 5. Additional Creative Initiatives: further use of at least one certified MBE and one WBE AMP Partner. 1. Please complete this section ONLY if the business relationship is Subcontract (as defined within the scope of the RFR): Note: All Subcontracting Partnerships require a written agreement between bidder & M/WBE that includes a description of all commodities or services to be acquired from subcontractor and to be presented as part of the AMP Plan submission. It is required that bidders commit a specific dollar amount or a minimum percentage of dollars earned through an awarded contract. Committed Expenditures or Percentage of gross revenues from the contract in Year 1: Committed Expenditures or Percentage of gross revenues from the contract in Year 2: Committed Expenditures or Percentage of gross revenues from the contract in Year 3: Total Committed Expenditures or Percentage of gross revenues from the contract for all years of the Contract: : 2. Please complete this section ONLY if the business relationship is Growth & Development: Note: Bidders should provide a narrative here that describes your approach in building the capacity of the M/WBE, including deliverables or measurable outcomes and anticipated dates of completion which can be validated during the contract. (Attach additional pages as necessary): Committed Total Expenditures or Percentage of gross revenues from the contract for each year of the contract:

	If the business relationship is Ancillary: mmodities or services Ancillary AMP Partner will provide (continue on additional pages		
Committed Expenditures or Percentage of gross re	venues from the contract in Year 1:		
Committed Expenditures or Percentage of gross revenues from the contract in Year 2:			
Committed Expenditures or Percentage of gross revenues from the contract in Year 3:			
Total Committed Expenditures or Percentage of gross revenues from the contract for all years of the Contract:			
Description of commodities and/or services to be provided by Ancillary Partner:			
4. Please complete this section for consideration ONLY relating to <u>Past Performance</u> (or historical spending with certified M/WBEs within the last 2 years):			
List Name (s) of Certified M/WBE Vendor (s):			
Circle Certification Status of Vendor (s): M	IBE WBE M/WBE MNPO WNPO		
Description of all expenditures for commodities or services (attach additional pages as necessary):			
Reporting Year:	Total Expenditure:		
Reporting Year:	Total Expenditure:		

5. Please complete this section for consideration ONLY relating to any <u>Other Creative Initiatives</u>: Please provide a description here of any current creative approaches to partnering with certified businesses that further supports the AMP Plan (attach additional pages as necessary):

Our firm is 50% Woman-Owned, and is a Registered Small-Business in the State of NJ

Certification: I hereby certify under the pains and penalties of perjury that the information provided is correct, to the best of my knowledge:

Signature of Authoriz	ed Signatory of Bidd	er:	Date: 8 / 1 / 2011
Wayne Green	leaf		
Print Name:			
Wayne K. Green	nleaf Jr.		
Title:			
Managing Partner	/ Principal		
Business Name:			Business Address:
The Cafaro Group, LLC t/a Cafaro Greenleaf		Greenleaf	216 Maple Avenue, Red Bank, NJ 07701
Total Committed Expenditures or Percentage of gross revenues from the contract for each Year of the Contract (summary of sections 1-3			
above).			
<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Total for all Years</u>