**Sport Wagering CBE Application Submittal Requirements**

The CBE Plan or Waiver Application is submitted to the Office of Lottery and Gaming (OLG) in conjunction with the Application for Sports Wagering License.

***Applicants must use the Department of Small and Local Business Development (DSLBD)’s resources to identify CBEs.***

1. **How to submit a CBE Packet?**
	1. Sports Wagering Operator License (Class A and Class B) or Management Services Provider Applicant (Applicant) initiates a licensing application.
	2. Applicants are required to download a CBE Packet from the OLG website.
	3. Applicants will complete all CBE Packet requirements and submit along with its application to OLG by:

Email: swcbeplan@dc.gov

In Person: Office of Lottery and Gaming

Sports Wagering Regulation and Oversight Division

Ask for: Executive Office

2235 Shannon Place, SE

Washington, DC 20020

Mail: Office of Lottery and Gaming

Sports Wagering Regulation and Oversight Division

 Attention: Executive Office

2235 Shannon Place, SE

Washington, DC 20020

1. **A CBE Packet consists of:**
2. **A CBE Plan that includes (template is provided by DSLBD):**
	* The name and address of each contractor;
	* A current certification for the CBE;
	* The scope of work to be performed by each contractor that shall be for a commercially useful function related to Sports Wagering;
	* The price to be paid by the beneficiary to each contractor; and
	* The length of the contract
3. **An itemized Operating Budget:**
* This document represents the itemization of the financial plan submitted with the sports wagering application. It is a breakdown of annual expenses targeting the 35% SBE contracting requirement. In evaluating the budget, factors such as non- contractible expenditures will be considered for exclusion.
1. **A CBE capacity building plan that includes:**
* A detailed description of how the Applicant will operate and manage its Sports Wagering activities during each year of the licensing period, to develop and enhance the capacity of CBEs to become Sports Wagering Operators (“Operator”) and Management Service Providers (“MSP”).
* Identify alternative methods used that promote SBE equity participation.

This document serves as a financial plan the Applicant will implement over the course of its license. It should articulate and identify the needs of sports wagering and how on an annual basis, CBEs will fulfill these roles. The document will describe the goods and services used to operate a sports wagering facility, measure activity performance based on specific services required and will demonstrate a commitment to meet the needs of the districts small businesses positioning them toward long term growth and competitiveness.

1. A written justification for any portion of the Operating Budget the Applicant seeks to exclude from the thirty-five percent (35%) CBE contracting requirement; and
2. A copy of the auditor’s report submitted to the Office pursuant to Section 307(a) of the Act.
3. **Request to waive the CBE Requirement**

An Applicant may submit a request to waive part or all of the 35% CBE requirements if it can clearly demonstrate that it cannot expend at least 35% of its operating budget with CBEs.

This CBE contracting requirement may *only be* waived through the Director of Department of Small and Local Business Development (DSLBD).

A waiver request consists of a written justification (“Waiver Justification”) that includes:

1. A listing of all certified business enterprises, if any, identified as participants in the Applicant’s Sports Wagering 5 year Development Plan;
2. A summary of the market research or outreach conducted to analyze the available market to determine the unavailability of CBE/ CBE eligible firms including proof of confirmation through the DSLBD Business Opportunities Division;
3. Consideration given to alternate methods for including CBEs in its Operations Plan such as offering opportunities for equity investment and participation in specific sports wagering activities;
4. An itemized Operating Budget and Operations Plan.
5. A copy of the audited financial transaction report submitted to the Office pursuant to Section 307(a) of the Act.

Before DSLBD’s Director can approve a waiver request the Director shall:

1) send an electronic notice to all CBEs notifying them of the agency’s waiver request; and

2) post a copy of the agency’s waiver request on DSLBD’s website (or other location established by DSLBD) for ten (10) days to provide the public reasonable notice of the waiver request. During this time, CBEs will have the opportunity to review the waiver justification and reach out to the Applicant and DSLBD.

**Applicant’s responsibility during the waiver process:**

* + During the period a waiver request is posted, CBEs that comment on the posting of a waiver request will be directed to the Applicant.
	+ It is the Applicant’s responsibility to respond to the CBEs in a timely manner, failure to do may result in the denial of the waiver request.
	+ The Applicant must do its due diligence when determining whether a CBE can participate as a contractor.
	+ The Applicant must address and provide copies of all correspondence with the CBEs that commented on the waiver request to avoid denial of the request.

**CBE Plan**

**INSTRUCTIONS:** The CBE Plan must demonstrate that at least thirty-five percent (35%) of the applicant’s operating budget will be contracted with one or more CBEs, or appropriate waiver options have been approved by DSLBD. The CBE Plan must list all CBE contractors/subcontractors at every tier. Once the CBE plan is submitted and approved**, it can only be amended with DSLBD’s consent**.

**SUBMISSION OF CBE PLAN:** For **Operator** and **Management Service Provider (MSP)** license applications – a complete CBE Packet can be submitted to the Office of Lottery and Gaming (OLG) by:

Email: swcbeplan@dc.gov

In Person: Office of Lottery & Gaming, Sports Wagering Regulation and Oversight Division

 Ask for: Executive Office

 2235 Shannon Place, SE, Washington, DC 20020

Mail: Office of Lottery & Gaming, Sports Wagering Regulation and Oversight Division

 Attention: Executive Office

 2235 Shannon Place, SE, Washington, DC 20020

**CREDIT:** For each contract listed on the CBE Plan, credit will only be given for the portion of the subcontract performed, at every tier, by a CBE using *its own organization and resources*. **COPIES OF EACH FULLY EXECUTED AGREEMENT, CONTRACT OR SUBCONTRACT WITH CBEs (AT EVERY TIER) MUST BE PROVIDED TO RECEIVE CREDIT**.

**EXEMPTION:** If the prospective **Licensee** is a CBE or a Certified Joint Venture (JV) that will operate and develop the ENTIRE **sports wagering operations** with its *own organization and resources* and will NOT contract any portion of the services and goods required to operate, then the 35% CBE requirement does not apply.

|  |
| --- |
| **SPORTS WAGERING APPLICANT/ LICENSEE INFORMATION:** |
|

|  |
| --- |
| Applicant’s/Licensee Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact #:\_\_\_\_\_\_\_\_\_\_ | Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City/ State/ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| ✔all that applies, Applicant/ Licensee is: |
| **[ ]  a SBE** | **[ ]  a CBE** | **[ ]  a Certified Joint Venture** | **CBE Certification Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **[ ]  WILL NOT contract any portion of its operating budget**  |
| **[ ]  Will contract portions of its operating budget** |

|  |
| --- |
| **Company’s point of contact for sport wagering license application:** |
| Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |

|  |
| --- |
| **SPORTS WAGERING APPLICATION/ LICENSE INFORMATION** |
|

|  |  |
| --- | --- |
| SW License/Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Type of Sports Wagering License:  |
| Premise Address (Location of Sports Wagering Facility): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Total Itemized Operating Budget:$ \_\_\_\_\_\_\_\_\_\_ |
| 35% of the total Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Total Amount of all CBE subcontracts/agreements: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(attach and include listing of CBEs in *every lower tier)* |
|  |

 |

|  |
| --- |
| **SBE/CBE CONTRACTOR/ SUBCONTRACTOR INFORMATION:** *(The OLG shall only issue an operator license or management services provider license if the applicant in conjunction with its application for license, submits to DSLBD for approval, a CBE Plan that demonstrates that at least 35% of the applicant’s operating budget will be contracted with one or more CBEs.)* |
| CBE Company Name | Address | Contractor/ Subcontractor Tier (1st, 2nd, 3rd…) | Description of contract/subcontract scope of work to be performed that shall be for a commercially useful function related to sports wagering.  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Period of Contract/Subcontract: \_\_\_\_\_\_\_\_\_\_\_Price to be paid to the SBE/CBE Contractor/Subcontractor: $\_\_\_\_\_\_\_\_

|  |
| --- |
| ✔all that applies: |
| **[ ]  a SBE** | **[ ]  a CBE** | **Current CBE Certification Number: \_\_\_\_\_\_\_** |
| **[ ]  a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources**  |
| [ ]  **a SBE/CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)a SBE/ CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)** |

 | SBE/CBE Point of ContactName: \_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_Telephone Number: \_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_ |

|  |
| --- |
| **SBE/CBE CONTRACTOR/ SUBCONTRACTOR INFORMATION:** *(The OLG shall only issue an operator license or management services provider license if the applicant in conjunction with its application for license, submits to DSLBD for approval, a CBE Plan that demonstrates that at least 35% of the applicant’s operating budget will be contracted with one or more CBEs.)* |
| CBE Company Name | Address | Contractor/ Subcontractor Tier (1st, 2nd, 3rd…) | Description of contract/subcontract scope of work to be performed that shall be for a commercially useful function related to sports wagering.  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Period of Contract/Subcontract: \_\_\_\_\_\_\_\_\_\_\_Price to be paid to the SBE/CBE Contractor/Subcontractor: $\_\_\_\_\_\_\_\_

|  |
| --- |
| ✔all that applies: |
| **[ ]  a SBE** | **[ ]  a CBE** | **Current CBE Certification Number: \_\_\_\_\_\_\_** |
| **[ ]  a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources**  |
| [ ]  **a SBE/CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)a SBE/ CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)** |

 | SBE/CBE Point of ContactName: \_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_Telephone Number: \_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_ |

**I** **[Name],** **[Title] of** **[Applicant/ Licensee Company Name] swear or affirm the above is true and accurate.**

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| **(Signature)** | **(Date)** |

***Complete additional copies as needed.***