

## M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

**Offeror's Name:**

**Address:**

**City, State, Zip Code:**

**Telephone No.:**

**Region/Location of Work:**

**Federal Identification No.:**

**Solicitation No.:**

**M/WBE Goals in the Contract:** MBE      %    WBE      %

| 1. Certified M/WBE Subcontractors/Suppliers<br>Name, Address, Email Address, Telephone No. | 2. Classification  | 3. Federal ID No. | 4. Detailed Description of Work<br>(Attach additional sheets, if necessary) | 5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract. |
|--|--|-------------------|---|---|
| A.   | <b>NYS ESD CERTIFIED</b><br><br><input type="checkbox"/> MBE<br><input type="checkbox"/> WBE |                   |   |   |
| B.   | <b>NYS ESD CERTIFIED</b><br><br><input type="checkbox"/> MBE<br><input type="checkbox"/> WBE |                   |   |   |

**6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 101).**

|   |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
|---|--|-----------------------|-----------------------|-------------------------------------|--|---------------------|--------------|--|--|----------------------|-------------------------------------|-----------------------------|--|--------------------------------------|--|---|--|-----------------------------|--|---|--|---|--|
| <p><b>PREPARED BY (Signature):</b></p> <p><b>DATE:</b></p> <p><b>NAME AND TITLE OF PREPARER (Print or Type):</b></p> <p><small>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</small></p> <p><b>Submit to the following address:</b></p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>TELEPHONE NO.:</b></td> <td><b>EMAIL ADDRESS:</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>FOR AUTHORIZED USER USE ONLY</b></td> </tr> <tr> <td><b>REVIEWED BY:</b></td> <td><b>DATE:</b></td> </tr> <tr> <td colspan="2"><b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</td> </tr> <tr> <td><b>Contract No.:</b></td> <td><b>Project No. (if applicable):</b></td> </tr> <tr> <td colspan="2"><b>Contract Award Date:</b></td> </tr> <tr> <td colspan="2"><b>Estimated Date of Completion:</b></td> </tr> <tr> <td colspan="2"><b>Amount Obligated Under the Contract:</b></td> </tr> <tr> <td colspan="2"><b>Description of Work:</b></td> </tr> <tr> <td colspan="2"><b>NOTICE OF DEFICIENCY ISSUED:</b><br/><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</td> </tr> <tr> <td colspan="2"><b>NOTICE OF ACCEPTANCE ISSUED:</b><br/><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</td> </tr> </table> | <b>TELEPHONE NO.:</b> | <b>EMAIL ADDRESS:</b> | <b>FOR AUTHORIZED USER USE ONLY</b> |  | <b>REVIEWED BY:</b> | <b>DATE:</b> | <b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ |  | <b>Contract No.:</b> | <b>Project No. (if applicable):</b> | <b>Contract Award Date:</b> |  | <b>Estimated Date of Completion:</b> |  | <b>Amount Obligated Under the Contract:</b> |  | <b>Description of Work:</b> |  | <b>NOTICE OF DEFICIENCY ISSUED:</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ |  | <b>NOTICE OF ACCEPTANCE ISSUED:</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ |  |
| <b>TELEPHONE NO.:</b>   | <b>EMAIL ADDRESS:</b>  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>FOR AUTHORIZED USER USE ONLY</b>   |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>REVIEWED BY:</b>   | <b>DATE:</b>   |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____  |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>Contract No.:</b>  | <b>Project No. (if applicable):</b>  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>Contract Award Date:</b>   |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>Estimated Date of Completion:</b>  |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>Amount Obligated Under the Contract:</b>   |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>Description of Work:</b>   |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>NOTICE OF DEFICIENCY ISSUED:</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____   |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |
| <b>NOTICE OF ACCEPTANCE ISSUED:</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____   |  |                       |                       |                                     |  |                     |              |  |  |                      |                                     |                             |  |                                      |  |   |  |                             |  |   |  |   |  |