

## MWBE 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 **NYS-certified** Minority and Women-owned Business Enterprise (MWBE), an estimated (or actual if known) annual dollar value under the contract and reflect the MWBE participation goals specified in the contract or procurement document.

Offeror/Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Federal ID No: \_\_\_\_\_  
 Solicitation No: \_\_\_\_\_

NYS-Certified MWBE	Classification <i>(check all applicable)</i>	Description of Scope of Work <i>(Subcontracts/Supplies/Services)</i>	Annual Dollar Value of Subcontracts/Supplies/Services
NAME: _____ ADDRESS: _____ CITY, ST, ZIP: _____ TELEPHONE: _____ FED. ID. No: _____	MBE <input type="checkbox"/>  WBE <input type="checkbox"/>	<input type="checkbox"/> Direct Subcontract <input type="checkbox"/> Indirect Spend <input type="checkbox"/> Copy of written agreement attached	\$ _____
NAME: _____ ADDRESS: _____ CITY, ST, ZIP: _____ TELEPHONE: _____ FED. ID. No: _____	MBE <input type="checkbox"/>  WBE <input type="checkbox"/>	<input type="checkbox"/> Direct Subcontract <input type="checkbox"/> Indirect Spend <input type="checkbox"/> Copy of written agreement attached	\$ _____

PREPARED BY (*Signature*): \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NON-COMPLIANCE AND POSSIBLE TERMINATION OF THE CONTRACT

NAME AND TITLE  
 OF PREPARER: \_\_\_\_\_  
(print or type)  
 TELEPHONE No: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

FOR AUTHORIZED USE ONLY	
REVIEWED BY: _____	DATE: _____
UTILIZATION PLAN APPROVED: YES / NO	DATE: _____
NOTICE OF DEFICIENCY ISSUED: YES / NO	DATE: _____
NOTICE OF ACCEPTANCE ISSUED: YES / NO	DATE: _____