

M/WBE SUBCONTRACTOR 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) subcontractor under the contract. Attach additional sheets if necessary.

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location or Work:

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

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract
A.	NYS ESD CERTIFIED ___ MBE ___ WBE			
B.	NYS ESD CERTIFIED ___ MBE ___ WBE			

<p>PREPARED and APPROVED BY:</p> <p>NAME and TITLE OF PREPARER (Print or Type):</p> <p>AUTHORIZED SIGNATURE</p> <p>DATE:</p> <p>TELEPHONE NO:</p> <p>EMAIL ADDRESS:</p> <p>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.</p>	<p style="text-align: center;">FOR AGENCY USE ONLY</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 70%;">REVIEWED BY:</td> <td style="width: 30%;">DATE:</td> </tr> </table> <p>UTILIZATION PLAN APPROVED: ___ YES ___ NO Date:</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated under the Contract:</p> <p>NOTICE OF DEFICIENCY ISSUED: ___ YES ___ NO Date:</p> <p>NOTICE OF ACCEPTANCE ISSUED: ___ YES ___ NO Date:</p>	REVIEWED BY:	DATE:
REVIEWED BY:	DATE:		