#### 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:**       **Federal Identification No.:**

**Address:**       **Solicitation No.:**

**City, State, Zip Code:**       **Project No.:**

Telephone No.: **M/WBE Goals in the Contract:** MBE      % WBE      %

Region/Location of Work:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  | |  | |
| **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 104).** | | | | | | |
| **PREPARED BY (Signature):**        **DATE:**  **NAME AND TITLE OF PREPARER (Print or Type):**  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. FAILUR     E TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT. | | | **TELEPHONE NO.:** | **EMAIL ADDRESS:** | | |
| **FOR M/WBE USE ONLY** | | | |
| **REVIEWED BY:** | | | **DATE:** |
| **UTILIZATION PLAN APPROVED:**  YES  NO Date:  **Contract No.:**       **Project No. (if applicable):**  **Contract Award Date:**  **Estimated Date of Completion:**  A**mount Obligated Under the Contract:**  **Description of Work:**  **NOTICE OF DEFICIENCY ISSUED:**  YES  NO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NOTICE OF ACCEPTANCE ISSUED:**  YES  NO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **M/WBE 103 (Revised 11/08)** | | |