#### 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)** |