### 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.

<table>
<thead>
<tr>
<th>Offeror’s Name:</th>
<th>Federal Identification No.:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Solicitation No.:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Project No.:</td>
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<td>Telephone No.:</td>
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**Region/Location of Work:**

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<tbody>
<tr>
<td>Name, Address, Email Address, Telephone No.</td>
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</table>

**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. FAILURE 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

**Contract No.:**

**Project No. (if applicable):**

**Contract Award Date:**

**Estimated Date of Completion:**

**Amount Obligated Under the Contract:**

**Description of Work:**

**NOTICE OF DEFICIENCY ISSUED:**

- YES
- NO

**NOTICE OF ACCEPTANCE ISSUED:**

- YES
- NO

**M/WBE 103 (Revised 11/08)**