

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 of Work:

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

Table with 5 columns: 1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No. 2. Classification (NYS ESD CERTIFIED, MBE, WBE) 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.

FOR AGENCY USE ONLY. PREPARED and APPROVED BY: NAME AND TITLE OF PREPARER (Print or Type): Signature: Authorized Signature DATE: TELEPHONE NO: EMAIL ADDRESS: 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. REVIEWED BY: DATE: UTILIZATION PLAN APPROVED: YES NO Date: Contract No: Contract Award Date: Estimated Date of Completion: Amount Obligated Under the Contract: NOTICE OF DEFICIENCY ISSUED: YES NO Date: NOTICE OF ACCEPTANCE ISSUED: YES NO Date: