#### 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 Number:**

**Address: Solicitation Number:**

**City, State, Zip Code: Telephone Number:**

**Region/Location of Work: M/WBE Goals in the Contract:** MBE % WBE %

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| **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 |  |  |  | |
| **PREPARED BY:**        **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE:**  **TELEPHONE NO:**  **EMAIL ADDRESS:**  **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.  M/WBE 100 (Revised 1 | | | FOR AGENCY USE ONLY | | |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |