



**MWBE UTILIZATION PLAN**

Contract No.: \_\_\_\_\_

**INSTRUCTIONS:** This form must be submitted with any bid or proposal if required. Otherwise, form must be submitted at the time of execution of the contract. 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 (MWBE) under the contract. Attach additional sheets if necessary.

Contractor's Name, Address and Telephone No.	Contract Description Location (Region)	MWBE Goals In Contract MBE _____ % WBE _____ %
Federal Identification No.		

Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
Phone: ( ) - E-mail:		<input type="checkbox"/>	<input type="checkbox"/>		\$
Phone: ( ) - E-mail:		<input type="checkbox"/>	<input type="checkbox"/>		\$
Phone: ( ) - E-mail:		<input type="checkbox"/>	<input type="checkbox"/>		\$

**IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form MWBE 101/BDC 333)**

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature)	Email Address
Name and Title of Preparer (Print or Type)	Telephone No.: ( ) - <span style="float: right;">Date</span>

**FOR M/WBE USE ONLY**

Reviewed By	Date			
Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work		
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			