

**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 MWBE 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.

Federal Employer Identification No. (FEIN): \_\_\_\_\_

Offeror's Name: \_\_\_\_\_

Offeror's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Region/Location of Work: \_\_\_\_\_

Solicitation No.: \_\_\_\_\_

Project No.: \_\_\_\_\_

M/WBE Goals in the Contract: MBE - \_\_\_\_\_% WBE - \_\_\_\_\_%

1. Certified M/WBE Subcontractors/Suppliers Federal Employer Identification Number (FEIN), Name, Address, Phone, Fax and Email Address.	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.	<u>NYS ESD CERTIFIED</u>  <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	<u>NYS ESD CERTIFIED</u>  <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. If unable to fully meet the M/WBE goals set forth in the contract, the Offeror must submit a Waiver Request form, which may be obtained from the Office of Contractor and Supplier Diversity, at [OCSD@ESD.NY.GOV](mailto:OCSD@ESD.NY.GOV).

<p><b>PREPARED BY (Signature):</b> _____</p> <p><b>DATE:</b> _____</p> <p><b>Preparer's Name (Print or Type):</b> _____</p> <p><b>Preparer's Title:</b> _____</p> <p><b>Date:</b> _____</p> <p style="font-size: small; margin-top: 20px;">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.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>TELEPHONE NO.:</b></td> <td style="width: 50%; padding: 2px;"><b>EMAIL ADDRESS:</b></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><b>** FOR OCSD-M/WBE USE ONLY **</b></td> </tr> <tr> <td style="padding: 2px;"><b>REVIEWED BY:</b></td> <td style="padding: 2px;"><b>DATE:</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p><b>UTILIZATION PLAN APPROVED?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p><b>Contract No.:</b> _____</p> <p><b>Project No. (if applicable):</b> _____</p> <p><b>Contract Award Date:</b> _____</p> <p><b>Estimated Date of Completion:</b> _____</p> <p><b>Amount Obligated Under the Contract:</b> _____</p> <p><b>Description of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p><b>NOTICE OF DEFICIENCY ISSUED?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date of Issue: _____</p> <p><b>NOTICE OF ACCEPTANCE ISSUED?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date of Issue: _____</p> </td> </tr> </table>	<b>TELEPHONE NO.:</b>	<b>EMAIL ADDRESS:</b>	<b>** FOR OCSD-M/WBE USE ONLY **</b>		<b>REVIEWED BY:</b>	<b>DATE:</b>	<p><b>UTILIZATION PLAN APPROVED?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p><b>Contract No.:</b> _____</p> <p><b>Project No. (if applicable):</b> _____</p> <p><b>Contract Award Date:</b> _____</p> <p><b>Estimated Date of Completion:</b> _____</p> <p><b>Amount Obligated Under the Contract:</b> _____</p> <p><b>Description of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>		<p><b>NOTICE OF DEFICIENCY ISSUED?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date of Issue: _____</p> <p><b>NOTICE OF ACCEPTANCE ISSUED?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date of Issue: _____</p>	
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