



OCSD-DBE-1

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 DBE Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Disadvantaged Business Enterprise (DBE) under the contract. Attach additional sheets if necessary.

*** Indicates Mandatory Fields**

*** Contractor Name:** _____

Address: _____

*** Representative Name:** _____

Town, State & Zip: _____

*** Phone:** _____

*** ESD Contract/Project Number:** _____

*** Fax:** _____

RFP/RFQ/Solicitation Number: _____

*** Email:** _____

*** DBE Goals: DBE _____ %**

1. * Certified DBE Firm Name, Contact Person's Name, Address, Phone and Email.	2. * DBE	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary, Attach Contract if available)	5. Dollar Value of Contract (if unavailable or yet undetermined, indicate \$1)
A.	<u>DBE CERTIFIED</u> <input type="checkbox"/> YES <input type="checkbox"/> NO			
B.	<u>DBE CERTIFIED</u> <input type="checkbox"/> YES <input type="checkbox"/> NO			



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OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY

DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION PLAN

PREPARED BY (Signature): _____ DATE: _____ _____	TELEPHONE NO.: _____	EMAIL ADDRESS: _____
** FOR OCSD-DBE USE ONLY **		
Preparer's Name (Print or Type): _____	REVIEWED BY: _____	DATE: _____
Preparer's Title: _____ Date: _____	UTILIZATION PLAN APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Contract No.: Project No. (if applicable): Contract Award Date: Estimated Date of Completion: Amount Obligated Under the Contract: Description of Work:	
<p>SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE DBE REQUIREMENTS SET FORTH UNDER PART 26 OF TITLE 49 OF THE CODE OF FEDERAL REGULATIONS. FIRMS OWNED AND CONTROLLED BY SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS AND CERTIFIED AS DISADVANTAGED BUSINESS ENTERPRISES PURSUANT TO THE NEW YORK STATE UNIFORM CERTIFICATION PROGRAM ("NYSCUP") ARE ELIGIBLE TO BE INCLUDED IN THIS UTILIZATION PLAN. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</p>	NOTICE OF DEFICIENCY ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Issue: _____ NOTICE OF ACCEPTANCE ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Issue: _____	

The DBE Certification status of the firms listed on this form **MUST** be verified using the New York State Unified Certification Program Business Directory of Certified Disadvantaged Business Enterprises.

This directory is available at <http://www.nysucp.net>.