

WE ARE YOUR DOL



MWBE Utilization Plan

Contract No.:

This form must be submitted with any bid, proposal, or response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter. It must be submitted 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 (MWBE) under the contract. Utilization of certified Minority and Women-owned Business Enterprises for non-commercially useful functions may not be counted toward utilization of certified Minority and Women-owned Business Enterprises as identified in this Utilization Plan. 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, Email 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: () - Email:		<input type="checkbox"/>	<input type="checkbox"/>		\$
Phone: () - Email:		<input type="checkbox"/>	<input type="checkbox"/>		\$
Phone: () - Email:		<input type="checkbox"/>	<input type="checkbox"/>		\$
If unable to fully meet the MBE and WBE goals set forth in the contract, the contractor must submit an <i>Application for Waiver of MWBE Participation Goal (MWBE 101)</i>					
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 completed 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)			Phone: () -		Date
FOR MWBE 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				