

NEW YORK STATE INSURANCE FUND - M/WBE UTILIZATION PLAN

INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the supplies and/or services to be provided by each Minority and Women-owned Business Enterprise (M/WBE) identified by the Offeror. Attach additional sheets if necessary.

Offeror's Name:
Address:
City, State, Zip Code:

Federal Identification No.:

Solicitation No.:
M/WBE Goals in the Contract: MBE % WBE %

1. 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
1.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
2.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. WAIVER REQUESTED: MBE: ____ YES ____ NO IF YES, submit form MWBE101 / WBE: ____ YES ____ NO IF YES, submit form MWBE101

PREPARED BY (Signature): _____
DATE: _____ **Offeror's Certification Status:** ____ MBE ____ WBE
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. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

TELEPHONE NO.: _____ **EMAIL ADDRESS:** _____

****FOR NYSIF USE ONLY****

REVIEWED BY: _____ **DATE:** _____

UTILIZATION PLAN APPROVED: YES NO Date: _____

MBE CERTIFIED: ____ YES ____ NO

WBE CERTIFIED: ____ YES ____ NO

WAIVER GRANTED: ____ YES ____ NO
 ____ TOTAL WAIVER ____ PARTIAL WAIVER

NOTICE OF DEFICIENCY ISSUED: YES NO Date: _____

NOTICE OF ACCEPTANCE ISSUED: YES NO Date: _____