

ATTACHMENT 6



**Department of
Civil Service**

MWBE Utilization Plan MWBE-100 IFB entitled: "Employee Benefit Card"

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 services to be provided by each Minority and/or Woman-Owned Business Enterprise (MWBE) identified by the Offeror.

Offeror Name:		Federal Identification No.:			
Address:		Solicitation No.:			
City, State, Zip Code:		MWBE Goals for this Solicitation: MBE % WBE: %			
1. MWBE 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	
A.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE				
	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE				
6. WAIVER REQUESTED: MBE: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit form MWBE 101 WBE: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Submit form MWBE 101					
PREPARED BY (Signature)		TELEPHONE NO.:	EMAIL ADDRESS:		
NAME AND TITLE OF PREPARER (Print or Type):					
DATE: Offeror's Certification Status: MBE _____ WBE _____					
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE 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.		FOR DEPARTMENT USE ONLY			
		REVIEWED BY:		DATE:	
		UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:			
		MBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
WBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAIVER GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver					
NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Date:					