

# ATTACHMENT 6



**Department of  
Civil Service**

## MWBE UTILIZATION PLAN

MWBE-100

**RFP ENTITLED: "New York State Health  
Insurance Program Decision Support System"**

**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.:
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Address:	Solicitation No.:
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City, State, Zip Code:	MWBE Goals for this Solicitation: MBE % WBE: %
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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
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A.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
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	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
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6. WAIVER REQUESTED: MBE:  YES  NO If YES, submit form MWBE 101  
 WBE:  YES  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:	