Exhibit I.O



State of New York Department of Civil Service Albany, NY 12239

**MWBE UTILIZATION PLAN**

**OFFICE OF FINANCIAL ADMINISTRATION MWBE-100 (9/2011)**

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| **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 (M/WBE) identified by the Offeror.** | | | | | | | |
| **Offeror Name:** | | | | **Federal Identification No.:** | | | |
| **Address:** | | | | **Solicitation No.:** | | | |
| **City, State, Zip Code:** | | | | **M/WBE Goals for the Solicitation: 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** |
| **A.** | **NYS ESD Certified**  **MBE WBE** |  | |  | | |  |
| **B.** | **NYS ESD Certified**  **MBE WBE** |  | |  | | |  |
| **6. WAIVER REQUESTED: MBE: YES NO If YES, submit form MWBE101 / WBE: YES NO If YES, submit form MWBE101** | | | | | | | |
| **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 M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FIUNDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.** | | | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR DEPARTMENT 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:** | | | | |