



State of New York
 Department of Civil Service
 Alfred E. Smith State Office Building
 Albany, NY 12239

MWBE UTILIZATION PLAN

OFFICE OF FINANCIAL ADMINISTRATION

MWBE-100 (9/2011)

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 <input type="checkbox"/> MBE <input type="checkbox"/> WBE					
B.	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 MWBE101 / WBE: <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 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: _____						