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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: \_\_\_\_\_** |