

NEW YORK STATE INSURANCE FUND - M/WBE UTILIZATION PLAN

Exhibit I.O(B)

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 supplies and/or services to be provided by each Minority and Women-owned Business Enterprise (M/WBE) identified by the Offeror. Attach additional sheets if necessary.

Offeror's Name:
Address:
City, State, Zip Code:

Federal Identification No.:

Solicitation No.:
M/WBE Goals in the Contract: 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
1.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
2.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. WAIVER REQUESTED: MBE: _____ YES _____ NO IF YES, submit form MWBE101 / WBE: _____ YES _____ NO IF YES, submit form MWBE101

<p>PREPARED BY (Signature): _____</p> <p>DATE: _____ Offeror's Certification Status: _____ MBE _____ WBE</p> <p>NAME AND TITLE OF PREPARER (Print or Type): _____</p> <p><small>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.</small></p>	<p>TELEPHONE NO.: _____</p>	<p>EMAIL ADDRESS: _____</p>
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	****FOR NYSIF USE ONLY****	
	REVIEWED BY: _____	DATE: _____
<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>MBE CERTIFIED: _____ YES _____ NO</p> <p>WBE CERTIFIED: _____ YES _____ NO</p> <p>WAIVER GRANTED: _____ YES _____ NO _____ TOTAL WAIVER _____ PARTIAL WAIVER</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>		