**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS:** All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant’s Name

Address

City, State, Zip

Telephone/Email: / Federal ID No.: RFP No./Project No.:

|  |  |  |  |
| --- | --- | --- | --- |
| **Certified M/WBE** | **Classification**  **(check all applicable)** | **Description of Work**  **(Subcontracts/Supplies/Services)** | **Annual Dollar Value of**  **Subcontracts/Supplies/Services** |
| NAME | NYS ESD Certified |  |  |
| ADDRESS | MBE |  |
|  |  | $ |
| CITY, ST, ZIP | WBE |  |
| PHONE/E-MAIL |  |  |
| FEDERAL ID No. |  |  |
| NAME | NYS ESD Certified |  |  |
| ADDRESS | MBE |  |
|  |  | $ |
| CITY, ST, ZIP | WBE |  |
| PHONE/E-MAIL |  |  |
| FEDERAL ID No. |  |  |

PREPARED BY (Signature) DATE

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.**

NAME AND TITLE OF PREPARER:

REVIEWED BY DATE UTILIZATION PLAN APPROVED YES/NO DATE NOTICE OF DEFICIENCY ISSUED YES/NO DATE NOTICE OF ACCEPTANCE ISSUED YES/NO DATE

(*print or type)*

TELEPHONE/E-MAIL

DATE

**M/WBE 100**