M/WBE 100 (v.2015.12.09es)

INSTRUCTIONS: This form MUST be submitted with any bid, proposal, or proposed negotiated contract prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS-certified Minority and Women-owned Business Enterprise (M/WBE), including the offeror if a NYS-certified MWBE, and estimated (or actual if known) annual dollar value under the contract and reflect the MWBE participation goals specified in the contract or procurement document.

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| *Will there be M/WBE participation for services provided under this contract?* ☐ *YES* | ☐ NO |  |

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| Contract Overview | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Offeror/Contractor Name: | |  | | | | | | |  | | Telephone: | | | | | | | |  | | | | | | | | | | | | | | | |  |
| Address | |  | | | | | | |  | | Federal ID No: | | | | | | | |  |  | SFS Vendor ID: | | | | | | | | |  | | | | |  |
| City, State, Zip: | |  | | | | | | |  | | Solicitation No: | | | | | | | |  | | | | | | | | | | | | | | | |  |
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| NYS Certified M/WBE  Fill out box below for each NYS-Certified M/WBE Contractor or Subcontractor | | | | |  | Classification | | | |  | | Description of Scope of Work (Subcontracts/Supplies/Services) | | | | | | | | | | | |  | | Annual Dollar Value of Subcontracts/Supplies/Services | | | | | | | | | |
| Name: |  | | | |  |  |  |  | |  | | |  | | | | |  | | | | | |  | | | | | | | | |  | | |
|  |  | | | |  | ☐ MBE | | | | ☐ DIRECT (Spending directly fulfilling contract obligations) | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| Address: |  | | | |  |  | | | |  | | Description: | | | |  | | | | | |  | |  | | | | | | | | | | | |
|  |  | | | |  | ☐ WBE | | | | ☐ INDIRECT (Spending in support of company operations.) | | | | | | | | | | | | | | $ | |  | | | | | | | |  | |
| City, State, Zip: |  | | | |  |  | | | |  | Description: | | | | |  | | | | | | |  |  |  | | | | | | | | | | |
|  |  | | | |  | ☐ DUAL | | | |  |  | | | | |  | | | | | | |  |  |  | | | | | | | | | | |
| Telephone: |  | | | |  |  |  |  | | ☐ Copy of written agreement attached (Required for teaming | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | |  |  | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Fed. ID. No: |  | | SFS Vendor ID: |  |  |  |  |  | |  | | | |  |  | | | | | | | | |  | | | | | | | | | | | |
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| Name: |  | | | |  |  |  |  | |  | | |  | | | | |  | | | | | |  | | | | | | |  | | | | |
|  |  | | | |  | ☐ MBE | | | | ☐ DIRECT (Spending directly fulfilling contract obligations) | | | | | | | | | | | | | |  | | | | |  | | | |  | | |
| Address: |  | | | |  |  | | | |  | | Description: | | | | |  | | | | |  | |  | | | | | | | | | | | |
|  |  | | | |  | ☐ WBE | | | | ☐ INDIRECT (Spending in support of company operations.) | | | | | | | | | | | | | | $ | | | |  | | | | | |  | |
| City, State, Zip: |  | | | |  |  | | | |  | Description: | | | | | |  | | | | | |  |  | | |  | | | | | | | | |
|  |  | | | |  | ☐ DUAL | | | |  |  | | | | | |  | | | | | |  |  | | |  | | | | | | | | |
| Telephone: |  | | | |  |  |  |  | | ☐ Copy of written agreement attached (Required for teaming | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Fed. ID. No: |  | | SFS Vendor ID: |  |  |  |  |  | |  | | | |  |  | | | | | | | | |  | | | | | | | | | | | |
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| ☐VENDOR CERTIFICATION: I hereby affirm that the information supplied in this utilization plan is true and correct. |

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| Signature: |  |  | Date: |  |
| Print Name: |  |  | Telephone No: |  |
| Title: |  |  | Email: |  |

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.

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| FOR AUTHORIZED USE ONLY | | | | | | | |
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| Utilization Plan Approved: | | ☐ Y | ☐ N | | Date: |  |  |
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| Notice of Deficiency Issued: | | ☐ Y | ☐ N | | Date: |  |  |
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| Notice of Acceptance Issued: | | ☐ Y | ☐ N | | Date: |  |  |
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| Reviewed By: |  | | |  | Date: |  |  |
|  |  | | |  |  |  |  |
| Comment(s): |  | | | | | |  |
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