



# M/WBE UTILIZATION PLAN

M/WBE 100 (Revised 1/12)

**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.

Will there be M/WBE participation for services provided under this contract?  YES Complete the form.  NO If No, please contact CIO/OFT at [MWBE@cio.ny.gov](mailto:MWBE@cio.ny.gov) for assistance.

### Contract Overview

Offeror/Contractor Name: _____	Telephone: _____	SFS Vendor ID: _____
Address: _____	Federal ID No: _____	
City, State, Zip: _____	Solicitation No: _____	

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: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fed. ID. No: _____ SFS Vendor ID: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DUAL	<input type="checkbox"/> DIRECT (Spending directly fulfilling contract obligations) Description: _____ <input type="checkbox"/> INDIRECT (Spending in support of company operations.) Description: _____ <input type="checkbox"/> Copy of written agreement attached (Required for teaming)	\$ _____
Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fed. ID. No: _____ SFS Vendor ID: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DUAL	<input type="checkbox"/> DIRECT (Spending directly fulfilling contract obligations) Description: _____ <input type="checkbox"/> INDIRECT (Spending in support of company operations.) Description: _____ <input type="checkbox"/> Copy of written agreement attached (Required for teaming)	\$ _____

**VENDOR CERTIFICATION:** I hereby affirm that the information supplied in this utilization plan is true and correct.

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.

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

Submit copy via email: [mwbe@cio.ny.gov](mailto:mwbe@cio.ny.gov) or fax: (518) 474-6329. Originals need to be mailed to: NYS CIO/OFT, ESP, PO Box 2062, Albany, NY 12220

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### FOR AUTHORIZED USE ONLY

Utilization Plan Approved:     Y         N    Date: \_\_\_\_\_

Notice of Deficiency Issued:     Y         N    Date: \_\_\_\_\_

Notice of Acceptance Issued:     Y         N    Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_                      Date: \_\_\_\_\_

Comment(s):