



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, the MWBE goal and percent, and estimated (or actual if known) annual dollar value under the contract.

Will there be M/WBE participation for services provided under this contract? YES [] NO []

Contract Overview

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

Table with 4 columns: NYS Certified M/WBE, MWBE Certification, Description of Scope of Work, and MWBE Goals and Est. Annual Dollar Value. Contains two rows for contractor details.

[] 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: Print Name: Title: Date: Telephone No: Email:

M/WBE UTILIZATION PLAN

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): _____