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: |       |  |
|      |
| NYS Certified M/WBEFill 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  |  |
|  |  |  |  |  |  |  |  |
| 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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