NEW YORK STATE | Office of Information Technology Services

M/WBE UTILIZATION PLAN

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 Complete the form.* ☐ NO *If No, contact supplierdiversity@its.ny.gov for help.*

Contract Overview

Offeror/Contractor Name: _____ Telephone: _____

Address _____ Federal ID No: _____ SFS Vendor ID: _____

City, State, Zip: _____ Solicitation No: _____

NYS Certified M/WBE Fill out box below for each NYS Certified M/WBE Prime Contractor or Subcontractor	MWBE Certification	Description of Scope of Work (Supplies/Services)	MWBE Goals and Est. Annual Dollar Value
Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fed. ID. No: _____ SFS Vendor ID: _____	☐MBE ☐WBE ☐DUAL	DIRECT (Spending directly fulfilling contract obligations) Description: _____ INDIRECT (Spending in support of company operations.) Description: _____ ☐This is a Joint Venture, Teaming or Mentor-Protégé Agreement, or Similar arrangement, and as required the agreement or arrangement is included with this MWBE Utilization Plan for review and approval.	Designate one: ☐Prime ☐Subcontractor Designate either MBE or WBE and the Goal %: ☐MBE_% ☐WBE_% Est. Annual Dollar Value: $ _____
Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fed. ID. No: _____ SFS Vendor ID: _____	☐MBE ☐WBE ☐DUAL	DIRECT (Spending directly fulfilling contract obligations) Description: _____ INDIRECT (Spending in support of company operations.) Description: _____ ☐This is a Joint Venture, Teaming or Mentor-Protégé Agreement, or Similar arrangement, and as required the agreement or arrangement is included with this MWBE Utilization Plan for review and approval.	Designate one: ☐Prime ☐Subcontractor Designate either MBE or WBE and the Goal %: ☐MBE_% ☐WBE_% Est. Annual Dollar Value: $ _____

☐ 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.

(See Page 2 For Required Letter Notice to Identified MWBEs)

Signature: _____ Date: _____

Print Name: _____ Telephone No: _____

Title: _____ Email: _____

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):			

Required Letter Notice to Identified MWBEs:

To the extent the Contract has MWBE goals, and the Contractor is submitting to ITS an MWBE Utilization Form MWBE-100, then upon final award of the Contract or completion of the procurement's restricted period, and prior to the commencement of the Contract, the Contractor must email a letter in the form stated below to each and every MWBE firm that Contractor has identified on its approved MWBE-100 Utilization Plan. The Contractor is required to simultaneously provide a copy of each such e-mailed letter to ITS at supplierdiversity@its.ny.gov. Also, to the extent Contractor's utilization plans change or additional certified MWBE Subcontractors are added, Contractor must send such an e-mail letter, again copying ITS, to each additional MWBE vendor added to the utilization plan for the contract:

Dear [Enter name of NYS certified MWBE Firm]:

Please be advised that you have been listed as an MWBE subcontractor on a utilization plan submitted by our company [enter name of awarded prime Contractor] who has been tentatively awarded the following contract with the NYS Office of Information Technology Services (ITS): [enter name and number of Contract awarded].

Being listed on our utilization plan does not guarantee your engagement on this contract. Such concerns are managed by the selected vendor along with ITS. Please be in contact with [enter name of awarded prime Contractor] to discuss potential next steps.

Should you have any MWBE questions or other questions regarding this contract, please reach out to the NYS Office of Information Technology Services (ITS) and its MWBE liaison using the following contact information:

NYS Office of Information Technology Services
Finance - Vendor Sourcing and Management Organization
Empire State Plaza, PO Box 2062
Albany, New York 12220-0062

Contract questions, in general: contracts@its.ny.gov

MWBE questions, specifically: its.sm.supplierdiversity@its.ny.gov

Sincerely,

[enter signature]