

M/WBE UTILIZATION PLAN

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.

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

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: _____

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):