

M/WBE Utilization Plan

Instructions - In the area below, please provide the business full legal name, such as "ABC Company, Inc." or "ABC Firm, LLC". Please also provide the contact information of the person responsible for the compliance and reporting functions under this agreement.

Solicitation Name _____ Solicitation M/WBE Goal _____ %
 Vendor Full Legal Name _____ Vendor Tax ID# _____
 Address _____ Telephone # _____
 Vendor M/WBE Compliance Contact Name _____ Email _____

Instructions - In the table below, briefly describe the scope of work for each M/WBE subcontractor, such as "Electrical work", "Training", "Furniture". List the percentage of the scope of work against the total estimated value of the contract. For example, if this is a three year contract worth \$100 a year, and the subcontractor's work is a total of \$90 over the three years, the percent would be equal to $\$90/(\$100 * 3 \text{ years})$ or 30%. Note M/WBE vendors must be certified by New York State or New York City to qualify. If additional space is needed please use table provided on page 2.

NYS/NYC Certified M/WBE Subcontractors/Suppliers

Please ensure combined M/WBE Goal calculated below meets or exceeds the solicitation M/WBE goal. If through good faith efforts, the solicitation M/WBE Goal cannot be met, please complete the Waiver Request Form.

NYS/NYC Certified M/WBE Subcontractors/Suppliers Full Legal Name	Sub Point Of Contact	Sub Email	Sub Telephone	Sub Tax ID	Certification Type	Scopes of Work	% of Subcontracts/ supplies/ services
							%
							%
							%
							%
							%

Combined M/WBE utilization goal (sum of percentages) _____ %

Submission of this form constitutes the vendor's acknowledgement and agreement to comply with the M/WBE requirements set forth as part of the solicitation. Failure to provide complete and accurate information may result in a rejection of the bid/proposal, and noncompliance with the goals may result in termination of the resulting contract, monetary damages, and debarment.

Prepared By (Signature) _____

Name (Print) _____ Telephone no. _____

Title of Preparer (Print) _____ Email address _____

