

ATTACHMENT 4.2: MWBE UTILIZATION PLAN

INSTRUCTIONS: All Contractors submitting responses to this procurement must complete this MWBE Utilization Plan and submit it as part of their proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (MWBE) identified by the Contractor.					
Contractor Name:		Federal Identification No.:			
Address:		Procurement No.:			
City, State, Zip Code:		MWBE Goals: MBE: 0% WBE:0%			
1. MWBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary.)	5. Dollar Value of Subcontracts/Supplies	
A.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE				
B.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE				
6. WAIVER REQUESTED: MBE: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit Attachment A-5.5. WBE: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit Attachment A-5.5.					
PREPARED BY (Signature): _____		TELEPHONE NO.:	EMAIL ADDRESS:		
NAME AND TITLE OF PREPARER (Print or Type): _____					
DATE: _____ Contractor's Certification Status: <input type="checkbox"/> MBE <input type="checkbox"/> WBE					
<p>SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.</p>		*****FOR DOB USE ONLY*****			
		REVIEWED BY: _____		DATE: _____	
		UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____			
		MBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO WBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO		WAIVER GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/>	
		NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____			