

**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: 15%    WBE: 15%

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:  YES  NO    If YES, submit Attachment A-5.5. WBE:  YES  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><b>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.</b></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: _____		