ATTACHMENT 4.2: MWBE WORKFORCE 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 ☐ MBE ☐ WBE			
B.	NYS ESD Certified ☐ MBE ☐ 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): _____ **NAME AND TITLE OF PREPARER (Print or Type): _____** **DATE: Contractor's Certification Status: ☐ MBE ☐ WBE**	**TELEPHONE NO.:**	**EMAIL ADDRESS:**

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.

**********************FOR DOB USE ONLY*********************

REVIEWED BY:	**DATE:**

UTILIZATION PLAN APPROVED: ☐ YES ☐ NO Date: _____

MBE CERTIFIED: ☐ YES ☐ NO WBE CERTIFIED: ☐ YES ☐ NO

WAIVER GRANTED: ☐ YES ☐ NO
Total Waiver ☐ Partial Waiver ☐

NOTICE OF DEFICIENCY ISSUED: ☐ YES ☐ NO
Date: _____