**MWBE UTILIZATION PLAN - FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING**

**INSTRUCTIONS**: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract approval. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary. Utilization of certified minority and woman owned business enterprises for non-commercially useful functions may not be counted toward utilization of certified minority and woman owned business enterprises identified in this utilization plan.

**Contractor’s Name:**       **Contract #:**

**Address:**       **Contract Period:**      

**City, State, Zip Code:**        **NEW**  **REVISED**

**Telephone No**.:       **Federal Identification No.:**

**Region/Location of Work**:       **Solicitation No.:**

**Project No.:**

**MWBE Goals in the Contract:** MBE      % WBE      %

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Certified 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/Services and intended performance dates of each component of the contract.** | |
| **A.** | NYS ESD CERTIFIED  MBE  WBE |  |  | |  | |
| **B.** | NYS ESD CERTIFIED  MBE  WBE |  |  | |  | |
| **6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (MWBE 104).** | | | | | | |
| **PREPARED BY (Signature):**        **DATE:**  **NAME AND TITLE OF PREPARER (Print or Type):**  SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT. | | | **TELEPHONE NO.:** | **EMAIL ADDRESS:** | | |
| **FOR MWBE USE ONLY** | | | |
| **REVIEWED BY:** | | | **DATE:** |
| **UTILIZATION PLAN APPROVED:**  YES  NO Date:  **Contract No.:**       **Project No. (if applicable):**  **NOTICE OF DEFICIENCY ISSUED:**  YES  NO Date: \_\_\_\_\_\_\_\_\_\_\_\_  **NOTICE OF ACCEPTANCE ISSUED:**  YES  NO Date: \_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Please submit to:**  **NYS Office for the Aging, 2 Empire State Plaza, Albany, NY 12223-1251**  **MWBE 103 (Revised 4/19)** | | |