**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)** |