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| **MWBE UTILIZATION PLAN** |  [ ]  **Initial Plan** | [ ]  **Revised plan** | **Contract/Solicitation**  | ***#*** |
| **INSTRUCTIONS:** This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Minority and Women-owned Business Enterprises (MWBE) under the contract. By submission of this Plan, the Bidder/Contractor commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Attach additional sheets if necessary. |
| **BIDDER/CONTRACTOR INFORMATION** | **MWBE Goals In Contract** |
| Bidder/Contractor Name: | NYS Vendor ID: | MBE %  |
| Bidder/Contractor Address (Street, City, State and Zip Code): | WBE %  |
| Bidder/Contractor Telephone Number:  | Contract Work Location/Region:  |
| Contract Description/Title:  |
| **CONTRACTOR INFORMATION** |
| Prepared by (Signature): | Name and Title of Preparer: | Telephone Number: | Date: |
| Email Address:       |
| **IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)** |
| **MWBE** Subcontractor/Supplier Name:  | MWBE Certification: [ ]  MBE [ ]  WBE (**If firm is dual certified please select one only)** |
| Please identify the person you contacted: | Federal Identification No.: | Telephone No.: |
| Address: | Email Address: |
| Detailed Description of work to be provided by subcontractor/supplier: |
| Dollar Value of subcontracts/supplies/services (When $ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): $ or  % |
| **MWBE** Subcontractor/Supplier Name:  | MWBE Certification: [ ]  MBE [ ]  WBE (**If firm is dual certified please select one only)** |
| Please identify the person you contacted: | Federal Identification No.: | Telephone No.: |
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| **FOR OGS MWBE USE ONLY** |
| OGS MWBE Authorized Signature: | [ ]  **Accepted** | [ ]  **Accepted as Noted** | [ ]  **Notice of Deficiency** |
| NAME (Please Print): | **MBE %/$** |  | **WBE %/$** |  | **Date Received:** | **Date Processed:** |
| Comments:  |
| **NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION**: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=2528> ***Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.*** |
| **ADDITIONAL SHEET** |
| **Bidder/Contractor Name:**  | **Contract/Solicitation**  | ***#*** |

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| **MWBE** Subcontractor/Supplier Name:  | MWBE Certification: [ ]  MBE [ ]  WBE (**If firm is dual certified please select one only)** |
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