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| **consultant’s MWBE utilization plan** | | | Term Contract | | | | | Procurement No.: | |  | | |
| *REMINDER: Utilize the New York State Contract System located at*[*https://ny.newnycontracts.com/Default.asp?TN=ny&XID=8353*](https://ny.newnycontracts.com/Default.asp?TN=ny&XID=8353) *to report MWBE payments on a monthly basis.* *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.* | | | | | | | | ***(FOR OGS USE ONLY)*** Contract No.: | |  | | |
| Consultant’s Name, Address and Federal ID No.: | | | | | Contract Description/Location: | | | | | **MWBE GOALS** | | |
|  | | | | |  | | | | | MBE% | WBE% | |
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| Federal ID No.: |  | | | |  | | | | |  |  | |
| Certified MBE/WBE Name, Address and Phone No. | | Federal ID No. | | MBE | | WBE | Description of Sub-consulting Services | | Subcontract/Supplier Dollar Value\*\*  Not Required for Term Contracts | | **FOR OGS USE ONLY** | **SEE BDC 327.1** |
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\*\*Not Required for Term Contracts. Participation will be monitored based on work order assignments.

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| Pursuant to Executive Law Article 15-A, my firm will engage in a good faith effort to achieve the MWBE goals on this contract. | | Consultant’s Comments: | | | | | | | | | |
| Consultant’s Signature: | |  | | | | | | | | | |
| Enter Name: | |  | | | | | | | | | |
|  | | **FOR OGS USE ONLY** | | | | | | | | | |
| Title: | | Accepted  Accepted as Noted  Notice of Deficiency Issued | | | | | | | | | |
|  | | MBE % |  | MBE $\*\* |  | WBE % |  | WBE $\*\* |  | |  |
| E-Mail Address: | Date: | OGS Authorized Signature: | | | | Enter Name: | | | | Date: | |