

## **MWBE 100 Utilization Plan Tutorial**

This tutorial will walk you step-by-step through the process of completing and submitting the MWBE Utilization Plan for Commodities and Services (form MWBE 100).

Click the Begin the Tutorial button below to start

#### **Overview:**

#### Office of Minority and Women-Owned Business Enterprises

The Office of Minority and Women-Owned Business Enterprises (MWBE) is responsible for ensuring that the Office of General Services (OGS) and its host agencies comply with the provisions of New York State Executive Law, Article 15A and the rules and regulations set forth in 5NYCRR, Part 140 – 144. These policies are intended to promote and encourage participation by minority and women-owned businesses in state contracting opportunities.

The M/WBE Program reviews policy, sets M/WBE participation goals, reports results, and monitors contractors to enhance the agency's overall compliance. In addition, the Program staff interact with individual M/WBE companies to assist them in doing business with New York State and OGS. Finally, the Program facilitates the active engagement of community-based ethnic groups in special programs and events sponsored by OGS.

For more information, please visit: <a href="https://www.ogs.ny.gov/MWBE">https://www.ogs.ny.gov/MWBE</a>

#### Office of Minority and Women-Owned Business Enterprises

New York State Office of General Services Corning Tower, Empire State Plaza Albany, NY 12242 E-Mail: MWBE@ogs.ny.gov Tel: (518)486-9284 Fax: (518)486-9285

NEW YORK Office o	of Comount Cometers					ties and Services Submit Completed Plan To
STATE OF OPPORTUNITY. Mino	rity and Wo	man-			Office	e of Minority and Women-Owne Business Enterprise
	ed Business	Ento	rnriene	The G	ov ernor Nelson A.	29th Floor, Corning Towe Rockefeller Empire State Plaz
TOWIL	eu Dusilless	LILLE	prises		Phone: 518-486-92	Albany , New York 1224 284 Fax: 518-486-928
MWBE UTILIZATION	PLAN	☐ Initial	Plan 🗌 Rev	ised plan	Contract/So	licitation #
INSTRUCTIONS: This Utilization Plan in Women-owned Business Enterprises (MV utilization of MVBE subcontractors an or including information evidencing a lack penalties including, but not limited to, term perform commercially useful functions may	WBE) under the contract. By sid suppliers as required by the of good faith as part of, or in contract for cause, y not be counted toward MWBI	submission ne MBE/WB onjunction w , loss of eligi	of this Plan, the I E goals contained ith, the submission bility to submit future	Bidder/Cont in the Solid of a Utilizati e bids, and/	ractor commits citation/Contract on Plan is prohibi or withholding of essary.	to good faith efforts in the t. Making false representations ited by law and may result in payments. Firms that do not
BIDDER/CONTRACTOR INFORM					M	WBE Goals In Contract
Bidder/Contractor Name:	NYS Vendo	r ID:			M	BE %
Bidder/Contractor Address (Street, City	, State and Zip Code):				W	BE %
Bidder/Contractor Telephone Number	:		Contract Work	Location/Re	gion:	
Contract Description/Title:						
CONTRACTOR INFORMATION	[ ] [ ]			1		15.
Prepared by (Signature):	Name and Ti	tie of Prepa	rer:	I elepn	one Number:	Date:
Email Address:						
IF UNABLE TO MEET THE MBE. MUST SUBMIT A REQUEST FOR			THE SOLICIT	ATION/C	ONTRACT BII	DDER/CONTRACTOR
MWBE Subcontractor/Supplier Name:	MWBE Certifi	ication:	MBE 🗆 WBE (	If firm is d	ual certified pl	ease select one only)
Please identify the person you contact	ed:	Federal lo	dentification No.:		Telephone N	0.:
Address:		Email Add	dress:			
Detailed Description of work to be pro	vided by subcontractor/suppl	lier:				
Dollar Value of subcontracts/supplies/s based on contractual spending): \$	services (When \$ value can or	not be dete %	rmined put estima	ated % of v	vork under the	contract or value TBD
MWBE Subcontractor/Supplier Name:	MWBE Certific	ication:	MBE 🗆 WBE (	If firm is d	ual certified pl	ease select one only)
Please identify the person you contact	ed:	Federal lo	dentification No.:		Telephone N	0.:
Address:		Email Add	dress:			
Detailed Description of work to be pro	vided by subcontractor/suppl	lier:				
Dollar Value of subcontracts/supplies/s based on contractual spending): \$		not be dete %	rmined put estima	ated % of v	vork under the o	contract or value TBD
FOR OGS MWBE USE ONLY						
OGS MWBE Authorized Signature	<del></del> 9:		Accepted	☐ Acce	pted as Noted	☐ Notice of Deficiency
NAME (Please Print):	MBE %/\$	w	BE %/\$	Date Red	ceived:	Date Processed:
Comments:						
NYS CERTIFIED MWBE SUBCON viewed at https://ny.newnycontracts	com/FrontEnd/VendorSea	archPublic.	asp?TN=ny&XIÉ	of New Yo =2528	ork State Certifi	ed MWBEs can be
Note: All listed Subcontractors/S	uppliers will be contacte	d and veri	fied by OGS.			
MWBE 100 (Revised 02/2016)						

Sample View: MWBE 100 - Utilization Plan

Download the full form at: <a href="https://www.ogs.ny.gov/MWBE/Forms.asp">https://www.ogs.ny.gov/MWBE/Forms.asp</a>



#### **Utilization Plan Instructions:**

The instructions below are found at the top of the form. Please read them carefully.

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.

WINDE OTILIZATION PLAN					.,	
INSTRUCTIONS: This Utilization Plan must contain a Women-owned Business Enterprises (MWBE) under the utilization of MWBE subcontractors and suppliers as or including information evidencing a lack of good faith a penalties including, but not limited to, termination of a coperform commercially useful functions may not be counted.	e contract. By some some some some some some some some	submissione MBE/Vonjunction loss of e	on of this Plan, the E VBE goals contained with, the submission ligibility to submit future	Bidder/Contractor comin the Solicitation/Conformation Plan is presented bids, and/or withholding	mits to ract. Months	o good faith efforts in the Making false representations d by law and may result in
BIDDER/CONTRACTOR INFORMATION					MW	BE Goals In Contract
Bidder/Contractor Name:	NYS Vendo	r ID:			MBE	≣ %
Bidder/Contractor Address (Street, City, State and Zip	Code):				WBE	≣ %
Bidder/Contractor Telephone Number:			Contract Work I	ocation/Region:		
Contract Description/Title:						
CONTRACTOR INFORMATION						
Prepared by (Signature):	Name and Ti	te of Pre	parer:	Telephone Number	er:	Date:
Email Address:						1
IF UNABLE TO MEET THE MBE AND WBE (MUST SUBMIT A REQUEST FOR WAIVER (			IN THE SOLICIT	ATION/CONTRACT	BIDE	DER/CONTRACTOR
MWBE Subcontractor/Supplier Name:	MWBE Certific	cation:	☐ MBE ☐ WBE (I	f firm is dual certifie	d plea	se select one only)
Please identify the person you contacted:		Federa	Il Identification No.:	Telephon	e No.:	:
Address:		Email A	Address:			
Detailed Description of work to be provided by sub-	contractor/suppl	ier:				
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$			etermined put estima	ted % of work under t	he cor	ntract or value TBD
MWBE Subcontractor/Supplier Name:	MWBE Certific	cation: [	☐ MBE ☐ WBE (I	f firm is dual certifie	d plea	se select one only)
Please identify the person you contacted:		Federa	Il Identification No.:	Telephon	e No.:	:
Address:		Email A	Address:			
Detailed Description of work to be provided by sub-	contractor/suppl	ier:				
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$			etermined put estima	ted % of work under t	he cor	ntract or value TBD
FOR OGS MWBE USE ONLY						
OGS MWBE Authorized Signature:			☐ Accepted	☐ Accepted as No	ted [	☐ Notice of Deficiency
NAME (Please Print):	MBE %/\$		WBE %/\$	Date Received:	-	Date Processed:
Comments:	1					
NYS CERTIFIED MWBE SUBCONTRACTOR/S viewed at https://ny.newnycontracts.com/FrontE					ertified	d MWBEs can be
Note: All listed Subcontractors/Suppliers wil	l be contacte	d and v	erified by OGS.	_		

☐ Initial Plan ☐ Payieed plan Contract/Solicitation #

MIMPE LITH IZATION DI AN



## Step 1:

Choose from the options at the top, right-hand corner of the form. (Required)

☐ Initial Plan	
☐ Revised Plan	
Contract/Solicitation #	
Contract/Solicitation #	

MWBE UTILIZATION PLAN		☐ Initial	Plan   Rev	ised plan	Contract/S	olicitation #				
INSTRUCTIONS: This Utilization Plan must contain a description of MWBE subcontractors and suppliers and or including information evidencing a lack of good lath as penalties including, but not limited to, termisation of a content of the perform commercially useful functions may not be counted.	contract. By sure required by the spart of, or in contract for cause, I	ubmissior e MBE/WE njunction v loss of elig	of this Plan, the BE goals contained with, the submission ibility to submit future	Bidder/Contra in the Solicit of a Utilization e bids, and/or	actor commits ation/Contrac Plan is prohil withholding o	et. Making false representations bited by law and may result in				
	BIDDER/CONTRACTOR INFORMATION MWBE Goals In Contract									
Bidder/Contractor Name:	NYS Vendor	ID:			٨	MBE %				
Bidder/Contractor Address (Street, City, State and Zip	Code):		1		V	VBE %				
Bidder/Contractor Telephone Number:			Contract Work I	Location/Reg	ion:					
Contract Description/Title:										
CONTRACTOR INFORMATION										
Prepared by (Signature):	Name and Title	e of Prepa	arer:	Telepho	ne Number:	Date:				
Email Address:				l .		·				
IF UNABLE TO MEET THE MBE AND WBE ON MUST SUBMIT A REQUEST FOR WAIVER (F			N THE SOLICIT	ATION/CO	NTRACT B	IDDER/CONTRACTOR				
MWBE Subcontractor/Supplier Name:	MWBE Certifica	ation: 🗆	MBE 🗆 WBE (	If firm is dua	al certified p	lease select one only)				
Please identify the person you contacted:		Federal I	dentification No.:		Telephone I	No.:				
Address:		Email Ad	dress:							
Detailed Description of work to be provided by subc	ontractor/supplie	er:								
Dollar Value of subcontracts/supplies/services (Whe based on contractual spending): \$			ermined put estima	ated % of wo	ork under the	contract or value TBD				
MWBE Subcontractor/Supplier Name:	MWBE Certifica	ation: 🗆	MBE 🗆 WBE (	lf firm is dua	al certified p	lease select one only)				
Please identify the person you contacted:		Federal I	dentification No.:		Telephone I	No.:				
Address:		Email Ad	dress:	L						
Detailed Description of work to be provided by subc	ontractor/supplie	er:								
Dollar Value of subcontracts/supplies/services (Whe based on contractual spending): \$	en \$ value cann _ or	not be det	ermined put estima	ated % of wo	ork under the	contract or value TBD				
FOR OGS MWBE USE ONLY										
OGS MWBE Authorized Signature:										
NAME (Please Print):	MBE %/\$	v	/BE %/\$	Date Rece	eived:	Date Processed:				
Comments:										
NYS CERTIFIED MWBESUBCONTRACTOR/S viewed at https://ny.newnycontracts.com/FrontEr	UPPLIER INFO	ORMATI rchPublic	ON: The directory asp?TN=ny&XID	of New Yor =2528	k State Cert	ified MWBEs can be				
Note: All listed Subcontractors/Suppliers will										



# Step 2:

Complete the BIDDER/CONTRACTOR INFORMATION section. All fields are required.

Bidder/Contractor Name									
NYS Vendor ID									
Bidder/Contractor Address									
Bidder/Contractor Telephone Number									
Contract Work Location/Region									
Contract Description/Title									
The <b>MWBE Goals in Contract</b> section within this area must be completed.									
MWBE Goals in Contract									
MBE %									
WBE %									

MWBE UTILIZATION PLAN		☐ Initia	al Plan 🔲 Revi	sed plan	Contract/So	olicitation #	
INSTRUCTIONS: This Utilization Plan must contain a Women-owned Business Enterprises (MWBE) under the utilization of MWBE subcontractors and suppliers at or including information evidencing a lack of good faith a penalties including, but not limited to, termination of a conform commercially useful functions may not be counted.	e contract. By s s required by the as part of, or in contract for cause,	submissione MBE/Wonjunction loss of el	on of this Plan, the E /BE goals contained with, the submission igibility to submit future	Bidder/Contr in the Solic of a Utilization bids, and/o	actor commits tation/Contrac n Plan is prohib or withholding of ssarv.	to good faith efforts in the t. Making false representations ited by law and may result in f payments. Firms that do not	
BIDDER/CONTRACTOR INFORMATION					М	WBE Goals In Contract	
Bidder/Contractor Name:	NYS Vendo	r ID:			М	BE %	
Bidder/Contractor Address (Street, City, State and Zip	Code):				W	/BE %	
Bidder/Contractor Telephone Number:			Contract Work L	ocation/Re	gion:		
Contract Description/Title:							
CONTRACTOR INFORMATION							
Prepared by (Signature):	Name and Ti	tle of Pre	parer:	Telepho	one Number:	Date:	
Email Address:							
IF UNABLE TO MEET THE MBE AND WBE MUST SUBMIT A REQUEST FOR WAIVER (			IN THE SOLICIT	ATION/CC	NTRACT BI	DDER/CONTRACTOR	
MWBE Subcontractor/Supplier Name:	MWBE Certific	cation:	☐ MBE ☐ WBE (I	f firm is du	al certified pl	ease select one only)	
Please identify the person you contacted:		Federa	Ildentification No.:		Telephone N	lo.:	
Address:			ddress:	•			
Detailed Description of work to be provided by sub-	contractor/suppl	lier:					
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$			etermined put estima	ted % of w	ork under the	contract or value TBD	
MWBE Subcontractor/Supplier Name:	MWBE Certific	cation:	☐ MBE ☐ WBE (I	f firm is du	al certified pl	ease select one only)	
Please identify the person you contacted:		Federa	Ildentification No.:		Telephone N	lo.:	
Address:		Email A	ddress:	''			
Detailed Description of work to be provided by sub-	contractor/suppl	lier:					
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$	en \$ value can or	not be de	etermined put estima	ted % of w	ork under the	contract or value TBD	
FOR OGS MWBE USE ONLY							
OGS MWBE Authorized Signature:							
NAME (Please Print):	MBE %/\$		WBE %/\$	Date Rec	eived:	Date Processed:	
Comments:							
NYS CERTIFIED MWBE SUBCONTRACTOR/S viewed at https://ny.newnycontracts.com/FrontE					rk State Certif	ied MWBEs can be	
Note: All listed Subcontractors/Suppliers will							



## Step 3:

Complete the CONTRACTOR INFORMATION section. All fields are required.

Prepared by (Signature)
Name and Title of Preparer
Telephone Number
Date
Email Address

MWBE UTILIZATION PLAN	L	_ Initia	al Plan 🔲 Revi	ised plan	Contract/S	olicitation #	
INSTRUCTIONS: This Utilization Plan must contain a Women-owned Business Enterprises (MWBE) under the utilization of MWBE subcontractors and suppliers at or including information evidencing a lack of good faith a penalties including, but not limited to, termination of a comperform commercially useful functions may not be counted.	e contract. By sign required by the as part of, or in contract for cause,	ubmission  MBE/Winjunction  loss of elements	on of this Plan, the E /BE goals contained with, the submission ligibility to submit future	Bidder/Control in the Solic of a Utilization bids, and/	ractor commits itation/Contract on Plan is prohiber withholding assary.	s to good faith efforts in the ct. Making false representations ibited by law and may result in of payments. Firms that do no	
BIDDER/CONTRACTOR INFORMATION					N	MWBE Goals In Contract	
Bidder/Contractor Name: NYS Vendor ID: MBE %							
Bidder/Contractor Address (Street, City, State and Zip	Code):				٧	WBE %	
Bidder/Contractor Telephone Number:			Contract Work L	_ocation/Re	gion:		
Contract Description/Title:							
CONTRACTOR INFORMATION							
Prepared by (Signature):	Name and Title	e of Pre	parer:	Teleph	one Number:	Date:	
Email Address:							
IF UNABLE TO MEET THE MBE AND WBE (MUST SUBMIT A REQUEST FOR WAIVER (			IN THE SOLICIT	ATION/CO	NTRACTB	IDDER/CONTRACTOR	
MWBE Subcontractor/Supplier Name:	MWBE Certifica	ation: [	☐ MBE ☐ WBE (I	lf firm is du	ıal certified p	please select one only)	
Please identify the person you contacted:		Federa	Ildentification No.:		Telephone I	No.:	
Address:			Address:				
Detailed Description of work to be provided by sub-	contractor/supplie	er:					
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$			etermined put estima	ited % of w	ork under the	contract or value TBD	
MWBE Subcontractor/Supplier Name:	MWBE Certification	ation: [	☐ MBE ☐ WBE (I	lf firm is du	ıal certified p	lease select one only)	
Please identify the person you contacted:		Federa	Ildentification No.:		Telephone I	No.:	
Address:			Address:				
Detailed Description of work to be provided by sub-	contractor/supplie	er:					
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$	en \$ value cann _ or	not be de	etermined put estima	ited % of w	ork under the	contract or value TBD	
FOR OGS MWBE USE ONLY							
OGS MWBE Authorized Signature:			☐ Accepted	☐ Accep	ted as Noted	□ Notice of Deficiency	
NAME (Please Print):	MBE %/\$		WBE %/\$	Date Rec	eived:	Date Processed:	
Comments:						•	
NYS CERTIFIED MWBE SUBCONTRACTOR/S viewed at https://ny.newnycontracts.com/FrontE	SUPPLIER INFO	ORMAT	TION: The directory ic.asp?TN=ny&XID	of New Yo =2528	ork State Cert	tified MWBEs can be	
Note: All listed Subcontractors/Suppliers will	I be contacted	and ve	erified by OGS.				



Once the BIDDER/CONTRACTOR
INFORMATION and CONTRACTOR
INFORMATION sections are completed, please
note that:

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).

Form BDC 333 can be found at: <a href="https://www.ogs.ny.gov/MWBE/Forms.asp">https://www.ogs.ny.gov/MWBE/Forms.asp</a>

MWBE UTILIZATION PLAN		☐ Ini	tial Plan 🔲	Revise	ed plan Contract/	Solicitation	#
INSTRUCTIONS: This Utilization Plan must contain a Women-owned Business Enterprises (MWBE) under the utilization of MWBE subcontractors and suppliers as or including information evidencing a lack of good faith a penalties including, but not limited to, termination of a coperform commercially useful functions may not be counted.	e contract. By some contract by the some contract for cause,	submiss ne MBE/ onjunctio loss of	sion of this Plan, WBE goals conta n with, the submi- eligibility to submi-	the Bid ained in ssion of it future	Ider/Contractor comm the Solicitation/Contra a Utilization Plan is pro- bids, and/or withholding	its to good fait act. Making fals hibited by law a	h efforts in the e representations nd may result in
BIDDER/CONTRACTOR INFORMATION						MWBE Goals	In Contract
Bidder/Contractor Name:	NYS Vendo	r ID:				MBE %	0
Bidder/Contractor Address (Street, City, State and Zip	Code):					WBE %	6
Bidder/Contractor Telephone Number:			Contract W	Vork Lo	cation/Region:		
Contract Description/Title:							
CONTRACTOR INFORMATION							
Prepared by (Signature):	Name and Ti	tle of Pr	eparer:		Telephone Number	: Date:	
Email Address:							
IF UNABLE TO MEET THE MBE AND WBE ( MUST SUBMIT A REQUEST FOR WAIVER (			H IN THE SOL	.ICITA	TION/CONTRACT I	BIDDER/COI	NTRACTOR
<b>мим ве</b> Subcontractor/Supplier IName.	MWBE Certifi	cation:	☐ MBE ☐ WE	BE ( <b>If</b> 1	firm is dual certified	please select	one only)
Please identify the person you contacted:		Feder	al Identification	No.:	Telephone	No.:	
Address:		Email	Address:		·		
Detailed Description of work to be provided by sub-	contractor/supp	lier:					
Dollar Value of subcontracts/supplies/services (Whbased on contractual spending): \$			determined put of	estimate	d % of work under the	e contract or v	alue TBD
MWBE Subcontractor/Supplier Name:	MWBE Certifi	cation:	☐ MBE ☐ WE	BE (Iff	firm is dual certified	please select	one only)
Please identify the person you contacted:		Feder	al Identification	No.:	Telephone	No.:	
Address:		Email	Address:		1		
Detailed Description of work to be provided by sub-	contractor/supp	ier:					
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$			determined put e	estimate	d % of work under th	e contract or v	alue TBD
FOR OGS MWBE USE ONLY							
OGS MWBE Authorized Signature:			☐ Accepted	ı t	☐ Accepted as Note	ed 🗆 Notice	of Deficiency
NAME (Please Print):	MBE %/\$		WBE %/\$		Date Received:	Date Prod	essed:
Comments:	1			1			
NYS CERTIFIED MWBESUBCONTRACTOR/S viewed at https://ny.newnycontracts.com/FrontE	nd/VendorSea	archPul	olic.asp?TN=ny	&XID=2	f New York State Ce 2528	ertified MWBE	s can be



## Step 4:

Complete the MWBE Subcontractor/Supplier section.

There are two available sections on the main form and an additional sheet on page 2, if needed. (shown below)

Bidder/Contractor Name:			Contract/Solicitation #				
		,					
MWBE Subcontractor/Supplier Name:	MWBE Certific	ation: MBE WBE (Iffirm 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/supp	lier:					
Dollar Value of subcontracts/supplies/services based on contractual spending): \$			of work under the contract or value TBD				
MWBE Subcontractor/Supplier Name:	MWBE Certific	ation: MBE WBE (Iffirm is	dual certified please select one only)				
Please identify the person you contacted:	Į.	Federal Identification No.:	Telephone No.:				
Address:		Email Address:					
Detailed Description of work to be provided by	subcontractor/supp	ller:					
Dollar Value of subcontracts/supplies/services based on contractual spending): \$	When \$ value car	nnot be determined put estimated %	of work under the contract or value TBD				
MWBE Subcontractor/Supplier Name:	MWBE Certific	ation: MBE WBE (Iffirm is	dual certified please select one only)				
Please identify the person you contacted:	ı	Federal Identification No.:	Telephone No.:				
Address:	s: Email Address:						
Detailed Description of work to be provided by	subcontractor/supp	lier:					
Dollar Value of subcontracts/supplies/services based on contractual spending): \$			of work under the contract or value TBD				
MWBE Subcontractor/Supplier Name:	MWBE Certific	ation: MBE WBE (Iffirm is	dual certified please select one only)				
Please identify the person you contacted:	- I	Federal Identification No.:	Telephone No.:				
Address:		Email Address:					
Detailed Description of work to be provided by	subcontractor/supp	lier:					
Dollar Value of subcontracts/supplies/services based on contractual spending): \$			of work under the contract or value TBD				
MWBE Subcontractor/Supplier Name:	MWBE Certific	ation: MBE WBE (Iffirm is	dual certified please select one only)				
Please identify the person you contacted:	1	Federal Identification No.:	Telephone No.:				
Address:		Email Address:					
Detailed Description of work to be provided by:	subcontractor/supp	lier:					

INSTRUCTIONS: This Ultication Plan must contain a debiled 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 control pool of alth enforts in the unit cannot of WWBE subcontractors and suppliers as required by the NBEVWBE goals contained in the Solicitation/Contract. Making bids expresserable with the plant of the NBEVWBE goals contained in the Solicitation/Contract. Making bids expresserable with the Solicitation of MWBE subcontractor in the NBEVWBE goals contained in the Solicitation/Contract. Making bids expresserable with the Solicitation Contract. Making bids expressed by the solicitation of the NBEVWBE goals in Contract BidDER/CONTRACTOR INFORMATION  Bidder/Contractor Name: NYS Vendor ID: MBE %  Bidder/Contractor Address (Steet, City, State and Zip Code): WBE %  Bidder/Contractor Telephone Number: Contract Description/Title:  CONTRACTOR INFORMATION  Prepared by (Signature): Name and Title of Preparer: Telephone Number: Date:  Email Address: Telephone Number: MWBE Goals In Contract Must Submit a Name and Title of Preparer: Telephone Number: Date:  Email Address: MWBE Subcontractor/Supplier Name: MWBE Certification: MBE WBE (If firm is dual certified please select one only)  Please identify the person you contacted: Person you contacted: Supplier Name: MWBE Certification: MBE WBE (If firm is dual certified please select one only)  Please identify the person you contacted: Person you	MWBE UTILIZATION PLAN		Initi			Contract/S	
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 INTHE 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.:  Detailed Description of work to be provided by subcontractor/Supplier:  Detailed Description of work be person you contacted: Federal Identification No.: Telephone No.:  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/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/supplier/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ or	Women-owned Business Enterprises (MWBE) under the utilization of MWBE subcontractors and suppliers as or including information evidencing a lack of good faith as penalties including, but not limited to, termination of a coperform commercially useful functions may not be counted.	e contract. By some required by the spart of, or in countract for cause,	submissione MBE/V onjunction loss of e	on of this Plan, the E VBE goals contained with, the submission ligibility to submit future	Bidder/Control in the Solicit of a Utilization bids, and/o	actor commit tation/Contrain Plan is prohing withholding sary.	s to good faith efforts in the ct. Making false representations ibited by law and may result in of payments. Firms that do not
Bidder/Contractor Address (Street City, State and Zip Code):    WBE						ı	MWBE Goals In Contract
Bidder/Contractor Telephone Number:  Contract Description/Title:  CONTRACTOR INFORMATION  Prepared by (Signature):  Image: Signature   Date:   Date:	Bidder/Contractor Name:	NYS Vendor	r ID:			N	MBE %
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/supplier/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.:  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 %  FOR OGS MWBE USE ONLY  OGS MWBE Subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ or %  FOR OGS MWBE USE ONLY  OGS MWBE Authorized Signature:	Bidder/Contractor Address (Street, City, State and Zip	Code):				١	MBE %
CONTRACTOR INFORMATION Prepared by (Signature):   Name and Title of Preparer:   Telephone Number:   Date:	Bidder/Contractor Telephone Number:			Contract Work I	ocation/Reg	jion:	
Prepared by (Signature):    Name and Title of Preparer:   Telephone Number:   Date:	Contract Description/Title:						
Email Address:   IF UNABLETO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)	CONTRACTOR INFORMATION						
IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTHIN 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:   Email Address:    Detailed Description of work to be provided by subcontractor/supplier:    Dollar Value of subcontracts/suppliers/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$	Prepared by (Signature):	Name and Tit	te of Pre	parer:	Telepho	ne Number:	Date:
MWBE Subcontractor/Supplier Name:    MWBE Certification:   MBE   WBE (If firm is dual certified please select one only)	Email Address:						
Please identify the person you contacted:    Federal Identification No.:   Telephone No.:				IN THE SOLICIT	ATION/CO	NTRACT B	IDDER/CONTRACTOR
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): \$	MWBE Subcontractor/Supplier Name:	MWBE Certific	cation: [	☐ MBE ☐ WBE (I	f firm is du	al certified p	please select one only)
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): \$	Please identify the person you contacted:		Federa	Il Identification No.:		Telephone	No.:
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): \$	Address:		Email A	Address:			
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	Detailed Description of work to be provided by subc	contractor/suppl	ier:				
Please identify the person you contacted:  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):  FOR OGS MWBE USE ONLY  OGS MWBE Authorized Signature:  NAME (Please Print):  MBE %/\$ BACCEPTED 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				etermined put estima	ted % of wo	ork under the	contract or value TBD
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): \$	MWBE Subcontractor/Supplier Name:	MWBE Certific	cation: [	☐ MBE ☐ WBE (I	f firm is du	al certified p	please select one only)
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): \$	Please identify the person you contacted:		Federa	Il Identification No.:		Telephone	No.:
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	Address:		Email A	Address:			
FOR OGS MWBE USE ONLY  OGS MWBE Authorized Signature: Accepted Accepted Accepted Accepted Notice of Deficient NAME (Please Print): WBE %/\$ Date Received: Date Processed:  Comments:  NYS CERTIFIED MWBESUBCONTRACTOR/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	Detailed Description of work to be provided by subc	contractor/suppl	ier:				
OGS MWBE Authorized Signature:  NAME (Please Print):  MBE %\$ WBE %/\$ Date Received:  Date Processed:  Date Processed:  Date Processed:  NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at <a href="https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&amp;XID=2528">https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&amp;XID=2528</a>			not be d	etermined put estima	ted % of wo	ork under the	contract or value TBD
OGS MWBE Authorized Signature:  NAME (Please Print):  MBE %/\$ Date Received:  Date Processed:  Date Processed:  Date Processed:  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	EOD OGS MWRE USE ONLY						
NAME (Please Print):  MBE %/\$				☐ Accepted	☐ Accen	ted as Noted	Notice of Deficiency
NYS CERTIFIED MWBESUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at <a href="https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&amp;XID=2528">https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&amp;XID=2528</a>	· ·	MBE %/\$		· · · · · · · · · · · · · · · · · · ·			
viewed at <a href="https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&amp;XID=2528">https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&amp;XID=2528</a>	Comments:	<u> </u>	<u> </u>				1
	NYS CERTIFIED MWBESUBCONTRACTOR/S	UPPLIER INF	ORMA1	FION: The directory	of New You	rk State Cert	tified MWBEs can be
					-2320		



To identify New York State certified MWBE's, access the Empire State Development MWBE directory at:

The New York State Contract System

For additional information regarding this directory, please call the Empire State Development Corporation at (212) 803-2414 (Downstate) or (518) 292-5250 (Upstate).

Additionally, you may contact the OGS MWBE office designated contacts at (518) 486-9284, who will, upon request, provide you with a listing of certified MBE/WBE firms.

MWBE UTILIZATION PLAN		☐ Init	ial Plan 🔲 Rev	rised plan Co	ntract/Sol	icitation #		
INSTRUCTIONS: This Utilization Plan must contain a Women-owned Business Enterprises (MWBE) under the utilization of MWBE subcontractors and suppliers a or including information evidencing a lack of good faith penalties including, but not limited to, termination of a coperform commercially useful functions may not be count	e contract. By a required by the as part of, or in contract for cause.	submiss ne MBE/ onjunction , loss of	ion of this Plan, the law WBE goals contained with, the submission eligibility to submit future	Bidder/Contracto d in the Solicitatio of a Utilization Pla re bids, and/or with	or commits to n/Contract. an is prohibite thholding of p	o good faith efforts in the Making false representations ed by law and may result in payments. Firms that do not		
BIDDER/CONTRACTOR INFORMATION					MV	VBE Goals In Contract		
Bidder/Contractor Name:	NYS Vendo	r ID:			МВ	8E %		
Bidder/Contractor Address (Street, City, State and Zi	p Code):				WB	BE %		
Bidder/Contractor Telephone Number:			Contract Work	Location/Region:				
Contract Description/Title:								
CONTRACTOR INFORMATION								
Prepared by (Signature):	Name and Ti	tle of Pr	eparer:	Telephone I	Number:	Date:		
Email Address:	l			L				
IF UNABLE TO MEET THE MBE AND WBE MUST SUBMIT A REQUEST FOR WAIVER			IN THE SOLICIT	TATION/CONTI	RACT BID	DER/CONTRACTOR		
MWBE Subcontractor/Supplier Name:	MWBE Certifi	cation:	☐ MBE ☐ WBE (	If firm is dual c	ertified ple	ase select one only)		
Please identify the person you contacted:		Feder	al Identification No.:	Tel	lephone No	).:		
Address:		Email	Address:					
Detailed Description of work to be provided by sub	contractor/supp	lier:						
Dollar Value of subcontracts/supplies/services (Wrbased on contractual spending): \$	nen \$ value can or	not be o	determined put estima	ated % of work u	under the co	ontract or value TBD		
MWBE Subcontractor/Supplier Name:	MWBE Certifi	cation:	☐ MBE ☐ WBE (	If firm is dual c	ertified ple	ase select one only)		
Please identify the person you contacted:		Feder	al Identification No.:	Tel	lephone No	).:		
Address:		Email	Address:					
Detailed Description of work to be provided by subcontractor/supplier:								
Dollar Value of subcontracts/supplies/services (Whased on contractual spending): \$	nen \$ value can or	inot be o	determined put estima	ated % of work u	under the co	ontract or value TBD		
FOR OGS MWBE USE ONLY								
OGS MWBE Authorized Signature:			☐ Accepted	☐ Accepted	as Noted	☐ Notice of Deficiency		
NAME (Please Print):	MBE %/\$		WBE %/\$	Date Receive	d:	Date Processed:		
Comments:								
NYS CERTIFIED MWBESUBCONTRACTOR/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.								



## Step 5:

Submit the completed plan to the address below:

### Office of Minority and Women-Owned Business Enterprises

29th Floor, Corning Tower
The Governor Nelson A. Rockefeller
Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284
Fax: 518-486-9285

This address is also in the upper right-hand corner of the MWBE 100 form.

WINDE OTILIZATION PLAN			un iun - 1101	oca pian Contiao	.,	<u>"</u>		
INSTRUCTIONS: This Utilization Plan must contain a Women-owned Business Enterprises (MWBE) under the utilization of MWBE subcontractors and suppliers as or including information evidencing a lack of good faith a penalties including, but not limited to, termination of a coperform commercially useful functions may not be counted.	e contract. By so required by the so part of, or in contract for cause,	submissine MBE/Vonjunction, loss of e	on of this Plan, the E VBE goals contained with, the submission ligibility to submit future	Bidder/Contractor come in the Solicitation/Control of a Utilization Plan is pre- bids, and/or withholding	mits to ract. ohibite	o good faith efforts in the Making false representations ed by law and may result in		
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 I					
Contract Description/Title:								
CONTRACTOR INFORMATION								
Prepared by (Signature):	Name and Ti	tle of Pre	parer:	Telephone Number:		Date:		
Email Address:								
IF UNABLE TO MEET THE MBE AND WBE (MUST SUBMIT A REQUEST FOR WAIVER (			IN THE SOLICIT	ATION/CONTRACT	BID	DER/CONTRACTOR		
MWBE Subcontractor/Supplier Name:	MWBE Certification: MBE WBE (If firm is dual certified please select one only)							
Please identify the person you contacted:	Please identify the person you contacted:			Federal Identification No.: Telephon				
Address:			Email Address:					
Detailed Description of work to be provided by sub-	contractor/supp	lier:						
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$			etermined put estima	ted % of work under t	he co	ontract or value TBD		
MWBE Subcontractor/Supplier Name:	MWBE Certifi	cation: [	☐ MBE ☐ WBE (I	If firm is dual certifie	d plea	ase select one only)		
Please identify the person you contacted:		Federal Identification No.: Telephon			e No.:			
Address:			Email Address:					
Detailed Description of work to be provided by sub-	contractor/supp	lier:						
Dollar Value of subcontracts/supplies/services (Wh based on contractual spending): \$			etermined put estima	ted % of work under t	he co	ontract or value TBD		
FOR OGS MWBE USE ONLY								
OGS MWBE Authorized Signature:			☐ Accepted	☐ Accepted as No		☐ Notice of Deficiency		
NAME (Please Print):	MBE %/\$	_	WBE %/\$	Date Received:		Date Processed:		
Comments:	L	ı			1_			
NYS CERTIFIED MWBESUBCONTRACTOR/S viewed at: https://ny.newnycontracts.com/FrontE					ertifie	d MWBEs can be		
Note: All listed Subcontractors/Suppliers wil								

☐ Initial Plan ☐ Revised plan Contract/Solicitation #

MINDE LITH IZATION DI ANI



#### Review

**Step 1:** Choose from the options at the top of the form.

**Step 2:** Complete the BIDDER/CONTRACTOR information section.

**Step 3:** Complete the CONTRACTOR INFORMATION section.

**Step 4:** Complete the MWBE Subcontractor/ Supplier section.

**Step 5:** Submit the completed plan.

Failure to submit the Plan or obtain a waver could result in a non-award of the contract.

- The Plan must contain a detailed description of the supplies and/or services to be provided by each MWBE subcontractor/supplier.
- Complete all items on the form with the exception of the sections marked "FOR OGS MWBE USE ONLY."
- List New York State certified MBE/WBE firms only.
   Only MBE/WBE firms certified by Empire State
   Development's Division of Minority and Women's
   Business Development can be used to meet MWBE
   goals. Non-certified firms, or firms that are pending
   certification, cannot be used toward goal attainment
   until they are NYS certified.
- All listed subcontractors/suppliers will be contacted and verified by OGS.
- Bidders/Contractors may attach additional sheets if necessary.

<b>MWBE UTILIZATION PLAN</b>		☐ Ini	tial Plan 🔲 Re	vised plan	Contract/S	olicitation #		
INSTRUCTIONS: This Utilization Plan must contain a Women-owned Business Enterprises (MWBE) under the utilization of MWBE subcontractors and suppliers a or including information evidencing a lack of good fails a penalties including, but not limited to, termination of a perform commercially useful functions may not be countered.	e contract. By a s required by the as part of, or in contract for cause.	submiss ne MBE/ onjunctio , loss of	sion of this Plan, the WBE goals containe n with, the submission eligibility to submit fut	e Bidder/Cont ed in the Solid in of a Utilizati ure bids, and/	tractor commits citation/Contract on Plan is prohil or withholding of	s to good faith efforts in the ct. Making false representations bited by law and may result in		
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	RACTOR INFORMATION							
Prepared by (Signature):	Name and Ti	tle of Pr	eparer:	Teleph	none Number:	Date:		
Email Address:				1				
IF UNABLE TO MEET THE MBE AND WBE MUST SUBMIT A REQUEST FOR WAIVER (			HIN THE SOLICI	TATION/C	ONTRACT B	IDDER/CONTRACTOR		
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.: Telephor					No.:		
Address:			Email Address:					
Detailed Description of work to be provided by sub	contractor/supp	lier:						
Dollar Value of subcontracts/supplies/services (Whased on contractual spending): \$	en \$ value can _ or	not be	determined put estin	mated % of v	vork under the	contract or value TBD		
MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ WBE (If firm is dual certified please select one only)							
Please identify the person you contacted:	Please identify the person you contacted:			Federal Identification No.: Telephon				
Address: Email Address:					•			
Detailed Description of work to be provided by sub	contractor/supp	lier:						
Dollar Value of subcontracts/supplies/services (Whased on contractual spending): \$	en \$ value can _ or _	not be _%	determined put estin	nated % of v	vork under the	contract or value TBD		
FOR OGS MWBE USE ONLY								
OGS MWBE Authorized Signature:			☐ Accepted ☐ Accepted as N		pted as Noted	☐ Notice of Deficiency		
NAME (Please Print):	MBE %/\$		WBE %/\$	Date Re	ceived:	Date Processed:		
Comments:						•		
NYS CERTIFIED MWBE SUBCONTRACTOR/S viewed at https://ny.newnycontracts.com/FrontE	SUPPLIER INF	ORMA	TION: The director	y of New Y	ork State Cert	ified MWBEs can be		
Note: All listed Subcontractors/Suppliers wil				<u>ID-∠020</u>				



### **Additional Information**

Pursuant to 5 NYCRR §142.8, Contractors must document their good faith efforts toward utilizing MWBEs on the Contract. Actions that do not constitute good faith efforts by Contractors to solicit NYS Certified MWBEs to participate in the Contracts include, but are not limited to, the following:

- (1) Self-performance of tasks on a project.
- (2) Not engaging an MWBE because it did not submit the lowest quote for work or materials.

OGS will review the submitted Plan and advise the Bidder/Contractor of OGS's acceptance or deficiency within twenty (20) day of its receipt. Bidder/Contractor shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to OGS a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OGS to be inadequate, OGS shall notify Bidder/Contractor and direct Bidder/Contractor to submit, within five (5) business days, a request for a partial or total waver of MWBE participation goals on form BDC 333. Failure to file the waver form in a timely manner may be grounds for disqualification of the bid or proposal. The approved Plan will be posted on the OGS website within ten (10) days of Contract Award. Any changes to the Plan must be approved by OGS.

For more information, please visit: https://www.ogs.ny.gov/MWBE

Office of Minority and Women-Owned Business Enterprises

New York State Office of General Services Corning Tower, Empire State Plaza Tel: (518)486-9284
Albany, NY 12242 Fax: (518)486-9285