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| **contractor’s MWBE utilization plan** | | | | Revised Plan | | |  | | | Contract 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.* | | | | | | | | | | | | | | | | |
| Contractor’s Name, Address and Federal ID No.: | | Contract Description/Location: | | | | Date Proposal Approved: | | Date Printed: | | | Bid Date: | | **MWBE GOALS** | | | |
|  | |  | | | |  | |  | | |  | | MBE% | | WBE% | |
|  | | Work/Job Order: | | | | OGS Project Number: | | Work Order Value: | | | Contract Amount: | |  | |  | |
| Federal ID No.: |  |  | | | |  | |  | | |  | |  | |  | |
| Certified MBE/WBE Name, Address and Phone No. | | MBE | WBE | | Description of Subcontracting/Supplies | | | | Anticipated performance/purchase date(s) | | | Dollar Value of Subcontract/Supplies | | | **FOR OGS USE ONLY** | **SEE BDC 328.1** |
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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. | | Contractor’s Comments: | | | | | | | | | |
| Contractor’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: | |