|  |  |  |  |  |
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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** |
|  | [ ]  | [ ]  |  |  |  |  | [ ]  |
| Federal ID No.: |  |  |  |  |  |  |  |  |
|  | [ ]  | [ ]  |  |  |  |  | [ ]  |
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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: |