



**Office of General Services
Office of Business Diversity**

Design and Construction

Office of Business Diversity

29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: (518) 486-9284

FAX: (518) 486-9285

CONSULTANT'S MWBE UTILIZATION PLAN

Term Contract

Procurement No.: _____

REMINDER: Utilize the New York State Contract System located at <https://ny.newnycontracts.com> 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%
Federal ID No.:							
Certified MBE/WBE Name, Address and Phone No.	Federal ID No.	MBE	WBE	Tiered Sub	Description of Sub-consulting Services	Subcontract/Supplier Dollar Value** Not Required for Term Contracts	SEE BDC 327.1
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

FOR OGS USE ONLY

**Not Required for Term Contracts. Participation will be monitored based on work order assignments.

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:				
Title:				
E-Mail Address:		FOR OGS USE ONLY <input type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued MBE % _____ MBE \$** _____ WBE % _____ WBE \$** _____		
Date:	OGS Authorized Signature:	Enter Name:	Date:	