



Office of General Services
Office of Business Diversity

Design and Construction

Office of Business Diversity
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The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: (518) 486-9284 FAX: (518) 486-9285

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> 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	
	Work/Job Order:			OGS Project Number:	Work Order Value:	Contract Amount:	MBE%	WBE%
Federal ID No.:								
Certified MBE/WBE Name, Address and Phone No.	MBE	WBE	Tiered Sub	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.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Federal ID No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Federal ID No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Federal ID No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

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:		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 \$ _____	
Enter Name:			
Title:			
E-Mail Address:	Date:	OGS Authorized Signature:	Enter Name:
			Date: