



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: <http://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
Albany, NY 12242

E-Mail: MWBE@ogs.ny.gov
Tel: (518)486-9284
Fax: (518)486-9285

		Office of General Services		Office of Minority and Women-Owned Business Enterprises	
				Commodities and Services Submit Completed Plan To: 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	
MWBE UTILIZATION PLAN <input type="checkbox"/> Initial Plan <input type="checkbox"/> Revised plan Contract/Solicitation # _____					
INSTRUCTIONS: 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.					
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					
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____ %					
MWBE Subcontractor/Supplier Name:		MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:		<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency	
NAME (Please Print):		MBE %/\$ _____	WBE %/\$ _____	Date Received:	Date Processed:
Comments:					
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://my.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?T=Ny&XID=2528 Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.					
MWBE 100 (Revised 02/2016)					

Sample View: **MWBE 100 - Utilization Plan**

Download the full form at: <http://www.ogs.ny.gov/MWBE/Forms.asp>



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.

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: 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.

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			
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%			
MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	MBE %/\$ _____	WBE %/\$ _____	Date Received: _____
Date Processed: _____			
Comments:			
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528			
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.			

Click the next button to continue



Office of General Services

Office of Minority and Women-Owned Business Enterprises

Step 1:

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

Initial Plan

Revised Plan

Contract/Solicitation # _____

MWBE UTILIZATION PLAN				
<input type="checkbox"/> Initial Plan <input type="checkbox"/> Revised plan Contract/Solicitation # _____				
INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYC-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.				
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				
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%				
MWBE Subcontractor/Supplier Name:		MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency		
NAME (Please Print):		MBE %/\$ _____	WBE %/\$ _____	Date Received:
Date Processed:				
Comments:				
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528				
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.				

Click the next button to continue



Step 2:

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

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: 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.

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			
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%			

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency	
NAME (Please Print):	MBE %/\$ _____	WBE %/\$ _____	Date Received:	Date Processed:
Comments:				

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528>
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

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

MWBE Goals in Contract	
MBE	█ %
WBE	█ %

Click the next button to continue



Step 3:

Complete the **CONTRACTOR INFORMATION** section. All fields are required.

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: 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.

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			
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%			

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:		<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	MBE %/\$ _____	WBE %/\$ _____	Date Received:	Date Processed:
Comments:				
<p>NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528</p> <p>Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.</p>				

Prepared by (Signature)

Name and Title of Preparer

Telephone Number

Date

Email Address

Click the next button to continue



Office of General Services

Office of Minority and Women-Owned Business Enterprises

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:
<http://www.ogs.ny.gov/MWBE/Forms.asp>

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: 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.

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				
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%				
MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:		<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	MBE %/\$ _____	WBE %/\$ _____	Date Received:	Date Processed:
Comments:				
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528 Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.				

Click the next button to continue



Office of General Services

Office of Minority and Women-Owned Business Enterprises

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)

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: 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.

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

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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	MBE %/\$ _____	WBE %/\$ _____	Date Received: Date Processed:

Comments:

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528>

Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

ADDITIONAL SHEET	
Bidder/Contractor Name:	Contract/Solicitation # _____
MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%	
MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%	
MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%	
MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%	

Click the next button to continue



Office of General Services

Office of Minority and Women-Owned Business Enterprises

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

[The New York State Contract System](#)

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: 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.

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			
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	MBE %/\$ _____	WBE %/\$ _____	Date Received: _____
Date Processed: _____			

Comments: _____

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528>

Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

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.

Click the next button to continue



Office of General Services

Office of Minority and Women-Owned Business Enterprises

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.

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: 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.				
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				
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%				
MWBE Subcontractor/Supplier Name:		MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:		<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):		MBE %/\$ _____	WBE %/\$ _____	Date Received: Date Processed:
Comments:				
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528 Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.				

Click the next button to continue



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.

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # _____

INSTRUCTIONS: 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.

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			
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: <input type="checkbox"/> MBE <input type="checkbox"/> 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 _____%			

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> 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 Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency	
NAME (Please Print):	MBE %/\$ _____	WBE %/\$ _____	Date Received:	Date Processed:
Comments:				
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528 Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.				

Failure to submit the Plan or obtain a waiver 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.

Click the next button to continue



**Office of
General Services**

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

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 waiver of MWBE participation goals on form BDC 333. Failure to file the waiver 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: <http://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
Albany, NY 12242

E-Mail: MWBE@ogs.ny.gov
Tel: (518)486-9284
Fax: (518)486-9285