NEW YORK STATE INSURANCE FUND - M/WBE UTILIZATION PLAN

INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the supplies and/or services to be provided by each Minority and Women-owned Business Enterprise (M/WBE) identified by the Offeror. Attach additional sheets if necessary. Offeror's Name: Federal Identification No.: Address: **Solicitation No.:** City, State, Zip Code: M/WBE Goals in the Contract: MBE % WBE % 1. M/WBE Subcontractors/Suppliers 2. Classification 3. Federal ID No. 4. Detailed Description of Work 5. Dollar Value of Subcontracts/ Name, Address, Email Address, Telephone No. (Attach additional sheets, if necessary) **Supplies** NYS ESD CERTIFIED 1. \square MBE \square WBE NYS ESD CERTIFIED 2. ☐ MBE ☐ WBE 6. WAIVER REQUESTED: MBE: YES NO IF YES, submit form MWBE101 / WBE: YES NO IF YES, submit form MWBE101 TELEPHONE NO.: **EMAIL ADDRESS:** PREPARED BY (Signature): DATE: Offeror's Certification Status: MBE WBE NAME AND TITLE OF PREPARER (Print or Type): SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW. ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION. ****FOR NYSIF USE ONLY**** REVIEWED BY: DATE: **UTILIZATION PLAN APPROVED:** ☐ YES ☐ NO Date: MBE CERTIFIED: YES NO WBE CERTIFIED: YES NO WAIVER GRANTED: YES NO TOTAL WAIVER PARTIAL WAIVER NOTICE OF DEFICIENCY ISSUED: YES NO Date: **NOTICE OF ACCEPTANCE ISSUED:** ☐ YES ☐ NO Date: