



# NYCHA M/WBE UTILIZATION PLAN

Solicitation # \_\_\_\_\_

**INSTRUCTIONS:** This Utilization Plan must contain a description of the supplies and/or services to be provided by each NYC Certified Minority and Women-owned Business Enterprises (M/WBE) under the contract. By submission of this Plan, the Bidder/Proposer/ Consultant/ Contractor commits to good faith efforts in the utilization of M/WBE 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/proposal, and/or withholding of payments, non-responsibility determination and PASSPort cautions. Firms that do not perform commercially useful functions may not be counted toward M/WBE utilization. Attach additional sheets if necessary.

**NYC CERTIFIED M/WBE SUBCONTRACTOR/SUPPLIER INFORMATION:** The directory of New York City Certified M/WBEs can be viewed at SBS M/WBE directory site at [NYC Online Directory for Certified Businesses](#)

**The undersigned on behalf of the Bidder/Proposer/Consultant/Contractor (i) acknowledges having read the instructions above and requirements below, the terms and conditions of the applicable RFP/Solicitation/Agreement/Contract, (ii) understands the such party's responsibilities in connection with M/WBE utilization, and (iii) certifies that it will comply therewith.**

**Note:** This form must be signed by person signing the Form of Proposal/Proposal. All listed Subcontractors/Suppliers are subject to verification by NYCHA.

<b>PRIME CONTRACTOR INFORMATION</b>	<b>M/WBE Goals in Contract</b>
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Prime Contractor Name:	iSupplier Vendor ID:	MBE <b>15%</b>
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Prime Contractor Address (Street, City, State and Zip Code):	WBE <b>15%</b>
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Prime Contractor Telephone Number:	Contract Work Location/Region:
NYC MBE Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification number:
NYC WBE Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contract Description/Title:

- Requirements:**
- If a Prime is not an M/WBE, it must subcontract 30% of its contract to M/WBEs – 15%to a WBE(s) and 15% to an MBE(s)
  - If a Prime is an MBE, it must subcontract 15% to a WBE(s)
  - If a Prime is a WBE, it must subcontract 15% to an MBE(s)
  - If a Prime is an M/WBE (both M and W), it must choose either M or W to count for itself and subcontract 15% to the other category
- Note:** Utilization requirements can be met via use of multiple vendors, provided the aggregate subcontractor utilization is 15% MBE and 15% WBE.

Authorized Signature:	Printed Name and Title:	Date:
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Email Address:	Telephone number:
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M/WBE Subcontractor/Supplier Name:	M/WBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified select one)
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Please identify the person you contacted:	Certification No.:	Telephone No.:
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Address:	Email Address:
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Description of work to be provided by subcontractor/supplier:

Total percentage of subcontracts/supplies/services  
%

M/WBE Subcontractor/Supplier Name:	M/WBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified select one)
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Please identify the person you contacted:	Certification No.:	Telephone No.:
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Address:	Email Address:
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Description of work to be provided by subcontractor/supplier:

Total percentage of subcontracts/supplies/services  
%

**IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT, BIDDER/ PROPOSER/ CONSULTANT/ CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER. FAILURE TO COMPLETE THE UTILIZATION PLAN OR WAIVER FORM WILL DEEM YOUR BID NON-RESPONSIVE.**



<b>FOR NYCHA M/WBE USE ONLY</b>				
Print Name and Title:	<input type="checkbox"/> <b>Accepted</b>	<input type="checkbox"/> <b>Accepted as Noted</b>	<input type="checkbox"/> <b>Notice of Deficiency</b>	
Authorized Signature:	<b>MBE %</b>	<b>WBE %</b>	Date Received:	Date Processed:
Comments:				



# ADDITIONAL SHEET

<b>Bidder/Contractor Name:</b>		<b>Solicitation #:</b>	
<b>M/WBE Subcontractor/Supplier Name:</b>		<b>M/WBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified select one)</b>	
Please identify the person you contacted:		Certification No.:	Please identify the person you contacted:
Address:		Email Address:	
Description of work to be provided by subcontractor/supplier:			
Total percentage of subcontracts/supplies/services			
<b>M/WBE Subcontractor/Supplier Name:</b>		<b>M/WBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified select one)</b>	
Please identify the person you contacted:		Certification No.:	Please identify the person you contacted:
Address:		Email Address:	
Description of work to be provided by subcontractor/supplier:			
Total percentage of subcontracts/supplies/services			
<b>M/WBE Subcontractor/Supplier Name:</b>		<b>M/WBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified select one)</b>	
Please identify the person you contacted:		Certification No.:	Please identify the person you contacted:
Address:		Email Address:	
Description of work to be provided by subcontractor/supplier:			
Total percentage of subcontracts/supplies/services			
<b>M/WBE Subcontractor/Supplier Name:</b>		<b>M/WBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified select one)</b>	
Please identify the person you contacted:		Certification No.:	Please identify the person you contacted:
Address:		Email Address:	
Description of work to be provided by subcontractor/supplier:			
Total percentage of subcontracts/supplies/services			
<b>M/WBE Subcontractor/Supplier Name:</b>		<b>M/WBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified select one)</b>	
Please identify the person you contacted:		Certification No.:	Please identify the person you contacted:
Address:		Email Address:	
Description of work to be provided by subcontractor/supplier:			
Total percentage of subcontracts/supplies/services			