

**NYS Environmental Facilities Corporation
Minority- & Women- Owned Business Enterprise (MWBE) Utilization Plan**

Instructions for Contractors & Service Providers:

Contractors and Service Providers must complete Sections 2 and 3. **Submit the completed, signed (electronic signature box checked and dated) form in Microsoft Word format to the Recipient's designated Minority Business Officer (MBO) no later than the date of contract execution.** Incomplete forms will be found deficient. If more than 10 subcontractors are used, additional pages for Section 3 can be found on EFC's website.

If the prime contract is being performed by the parties to a Joint Venture, Teaming Agreement, or Mentor-Protégé Agreement that includes a certified MWBE, please contact EFC for assistance.

MWBE firms must be certified by the NYS Empire State Development Corporation (ESD) in order to be counted towards satisfaction of MWBE participation goals. The utilization of certified MWBEs for non-commercially useful functions may not be counted towards utilization of certified MWBEs in the Utilization Plan. Please note whether a firm is serving as a broker or supplier on the contract. A broker is denoted by NAICS code 425120 and is designated as a broker in ESD's MWBE Directory. A supplier is denoted by a NAICS code beginning with 423 or 424, or a NIGP code that does not begin with the number 9, and is designated as a supplier in ESD's MWBE Directory. If a firm is serving as a broker, please additionally provide the percentage of the broker's commission on the contract.

See the Bid Packet at www.efc.ny.gov or consult your designated MBO for further guidance.

Instructions for Minority Business Officers (MBO):

The MBO must complete Section 1. The MBO may designate an Authorized Representative to complete and submit quarterly payment reports on its behalf, and, if so designated, the MBO's Authorized Representative must also complete Section 1. The Authorized Representative may only submit quarterly payment reports on behalf of the MBO and may not submit any other required forms or reports for the MBO. The MBO must complete Section 1 even if designating an Authorized Representative. **Submit the completed, signed (electronic signature box checked and dated) form in Microsoft Word format via e-mail to your EFC MWBE Representative.**

The subject heading of the e-mail to the EFC MWBE Representative should follow the format "UP, Project Number, Contractor." EFC will review the Utilization Plan and notify the MBO via e-mail of its acceptance or denial.

Within 10 days of EFC's acceptance of a Utilization Plan, EFC will post the approved Utilization Plan on the EFC website.

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SECTION 1: MUNICIPAL INFORMATION			
Recipient/Municipality:		County:	
Project No.:	GIGP/EPG No.:	Contract ID:	Registration No. (NYC only):
Minority Business Officer:		Email:	Phone #:
Address of MBO:			
Electronic Signature of MBO: I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and belief.			Date:
<i>Complete if applicable:</i>			
Authorized Representative:		Title:	
Authorized Rep. Company:		Email:	Phone #:
Electronic Signature of Authorized Rep.: I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and belief.			Date:

SECTION 2: PRIME CONTRACTOR / SERVICE PROVIDER INFORMATION			
Firm Name:		Contract Type: Construction Other Services	
Prime Firm is Certified as: MBE WBE N/A Other: Please repeat information in the Utilization Plan below (Section 3). If dual certified, you must select either MBE or WBE.			
Address:		Phone #:	Fed. Employer ID #:
Description of Work:			
Award Date:	Start Date:	Completion Date:	
Total Contract Amount: \$ MWBE Eligible Contract Amount: \$ (MWBE Goals are applied to this amount and includes all change orders, amendments, & waivers)		MWBE GOAL Total	PROPOSED MWBE Participation
		MBE: % \$	MBE: % \$
		WBE: % \$	WBE: % \$
		Total: % \$	Total: % \$

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SECTION 3: MWBE SUBCONTRACTOR INFORMATION					
This Submittal is:	The First/Original Utilization Plan		Revised Utilization Plan #:		
NYS Certified M/WBE Subcontractor Info			Contract Amount:		For EFC Use:
			MBE (\$)	WBE (\$)	
Name:	Fed. Employer ID#:				
Address:	Phone #:				
Scope of Work:	Email:				
Select Only One: MBE WBE Other:	Start Date:				
Select Only One: Broker ___% Supplier N/A	Completion Date:				
Full Contract Amount: \$					
Name:	Fed. Employer ID#:				
Address:	Phone #:				
Scope of Work:	Email:				
Select Only One: MBE WBE Other:	Start Date:				
Select Only One: Broker ___% Supplier N/A	Completion Date:				
Full Contract Amount: \$					
Name:	Fed. Employer ID#:				
Address:	Phone #:				
Scope of Work:	Email:				
Select Only One: MBE WBE Other:	Start Date:				
Select Only One: Broker ___% Supplier N/A	Completion Date:				
Full Contract Amount: \$					
Name:	Fed. Employer ID#:				
Address:	Phone #:				
Scope of Work:	Email:				
Select Only One: MBE WBE Other:	Start Date:				
Select Only One: Broker ___% Supplier N/A	Completion Date:				
Full Contract Amount: \$					

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SECTION 3: M/WBE SUBCONTRACTOR INFORMATION continued						
NYS Certified M/WBE Subcontractor Info				Contract Amount:		For EFC Use:
				MBE (\$)	WBE (\$)	
Name:		Fed. Employer ID#:				
Address:		Phone #:				
Scope of Work:		Email:				
Select Only One: MBE WBE Other:		Start Date:				
Select Only One: Broker ___% Supplier N/A		Completion Date:				
Full Contract Amount: \$						
Name:		Fed. Employer ID#:				
Address:		Phone #:				
Scope of Work:		Email:				
Select Only One: MBE WBE Other:		Start Date:				
Select Only One: Broker ___% Supplier N/A		Completion Date:				
Full Contract Amount: \$						
Name:		Fed. Employer ID#:				
Address:		Phone #:				
Scope of Work:		Email:				
Select Only One: MBE WBE Other:		Start Date:				
Select Only One: Broker ___% Supplier N/A		Completion Date:				
Full Contract Amount: \$						
Name:		Fed. Employer ID#:				
Address:		Phone #:				
Scope of Work:		Email:				
Select Only One: MBE WBE Other:		Start Date:				
Select Only One: Broker ___% Supplier N/A		Completion Date:				
Full Contract Amount: \$						
SIGNATURE						
Electronic Signature of Contractor: I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and that all MWBE subcontractors will perform a commercially useful function.						Date:
Name (Please Type):						