



CONSULTANTS MWBE UTILIZATION PLAN

Term Contract

Region: _____ Procurement No.: _____ Contract No.: (OPRHP USE ONLY): _____ Contract Value: \$ _____

REMINDER: As a condition of this contract, you are required to submit the Cumulative Monthly Payment Statement on a monthly basis.

Consultant's Name, Address and Telephone Number		Project Description and Project Location:		MWBE Goals Assigned to the Contract
Federal ID No.: _____ SFS Vendor ID: _____		Contact Person: (If other than consultant)		MBE _____%
				WBE _____%
Are you a NYS MWBE Certified by the NYS Empire State Development Corp? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Certified MBE/WBE Name, Address, Telephone Number and E-mail Address	Identification Numbers	Description of Sub Consulting Services		Total Dollar Value of Sub Consulting Services/Supplies
		MBE	WBE	
	Federal ID: SFS Vendor ID:	<input type="checkbox"/>	<input type="checkbox"/>	
	Federal ID: SFS Vendor ID:	<input type="checkbox"/>	<input type="checkbox"/>	
	Federal ID: SFS Vendor ID:	<input type="checkbox"/>	<input type="checkbox"/>	
	Federal ID: SFS Vendor ID:	<input type="checkbox"/>	<input type="checkbox"/>	

Pursuant to Executive Law Article 15-A, my firm will engage in good faith efforts to achieve the MWBE goals on this contract. I understand that failure to make good faith efforts can result in the contract being awarded to another consultant. I understand that all listed sub contractors will be contacted for verification of solicitation.

Consultant's Signature: _____

Print Name and Title: _____

E-Mail Address: _____ Date: _____

FOR NYS OPRHP USE ONLY:	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved as Noted <input type="checkbox"/> Rejected MBE: _____% MBE \$ _____ WBE: _____% WBE \$ _____	
OPRHP Notes: _____	
OPRHP Authorized Signature: _____	Date: _____

(Revised August 2012)

The Freedom of Information Law requires public disclosure of certain records held by NYS OPRHP.

Based upon the foregoing, you are hereby notified that this document, and related documents, constitute "records" that fall under the scope of the Freedom of Information Law. Therefore, such documents may be made available to the public, including posting for public review on OPRHP's website.



CONSULTANT UTILIZATION PLAN INSTRUCTIONS

INSTRUCTIONS: This form is to be used to report minority- and women-owned businesses (MWBEs) subcontractors and suppliers that will be utilized by the prime contractor. This form is to be completed legibly and submitted to the Regional Office within seven (7) business days of notification of low bid. This form is required pursuant to Article 15-A of the Executive Law. A contract will not be executed without this form being submitted and approved by the Bureau of Affirmative Action and Equal Opportunity of the NYS Office of Parks, Recreation and Historic Preservation (NYS OPRHP). Failure to submit this form shall result in disqualification.

PROCUREMENT NUMBER	Please state the assigned procurement number.
REGION	Please state the region in which the project will take place.
CONSULTANT'S NAME	Please state the consultant's name and identify if the consultant is a certified MWBE through NYS Empire State Development Corporation.
ADDRESS	Please state the full address of the consultant.
TELEPHONE NUMBER AND E-MAIL	Please state the information where the authorized official of the consultant can be reached.
FEDERAL IDENTIFICATION NUMBER	Provide the federal identification number of the consultant.
STATE FINANCIAL SYSTEM VENDOR IDENTIFICATION	Provide the state financial system (SFS) vendor identification of the consultant.
CONTACT PERSON	Please state the proper person to contact who represents the consultant regarding the contract.
PROJECT DESCRIPTION	Please provide a detailed description of the contract.
PROJECT LOCATION	Please state the location of the work under the contract.
TOTAL CONTRACT VALUE	Please state the total dollar value award of the contract.
MWBE GOALS	Please state the MWBE goals assigned to the contract.
CERTIFIED MWBE SUB CONTRACTORS	Please state the full name of all certified sub-consultants/sub-contractors/suppliers associated with the project.
CHECK ONE- MBE OR WBE	Please state whether the sub-consultants/sub-contractors/suppliers is a certified MBE or WBE.
DESCRIPTION OF SUB CONTRACTING/SUPPLIES	Provide a brief description of the work that is to be done by each sub-consultant/sub-contractor/supplier associated with the project.
TOTAL DOLLAR VALUE	Please state the dollar value that is to be contracted out to each certified MWBE sub-consultant/sub-contractor/supplier.
ANTICIPATED DATES	Please state the anticipated start date and the anticipated completion date for work awarded to MWBE sub-consultants/sub-contractors/suppliers.
COMPANY OFFICER SIGNATURE	Signature of the authorized official who will be responsible for the contract.
NAME	The printed name of the authorized official who will be responsible for the contract.
TITLE	The title of the official who will be responsible for the contract.
E-MAIL ADDRESS	The e-mail address of the authorized official who will be responsible for the contract.
DATE	Please state the date that the consultant utilization plan was signed by the authorized official who is responsible for the contract.

The information that is provided by the prime contractor on this form is subject to verification by NYS OPRHP. Any changes to an approved MWBE Utilization Plan must be approved by the NYS OPRHP and any such request must be supported with a detailed explanation and appropriate supporting documentation. An amendment to this form must be submitted whenever a substitute and/or additional sub-consultants/sub-contractors/suppliers are proposed.