



MWBE/SDVOB UTILIZATION PLAN

FORM A

Michael C. O' Laughlin
 Municipal Water Plant
 Attention: Rolfe Porter, Executive Director
 5815 Buffalo Ave.
 Niagara Falls, NY 14304

INSTRUCTIONS: This form must be submitted with any bid or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB or RFQ. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) and Service Disabled Veteran Owned Business (SDVOB) under the contract. Attach additional sheets if necessary.

Contractor's Name, Address and Telephone No. Federal Identification No.	Contract No.: Contract Description (Construction, Construction Consultant, Commodities or Services/Technologies) & Location (Region):	MWBE or SDVOB Goals In Contract				
		<table border="1"> <tr> <td>MBE</td> <td>%</td> </tr> <tr> <td>WBE</td> <td>%</td> </tr> <tr> <td>SDVOB</td> <td>%</td> </tr> </table>	MBE	%	WBE	%
MBE	%					
WBE	%					
SDVOB	%					

Certified M/WBE or SDVOB Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE or WBE	SDVOB		
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		

IF UNABLE TO FULLY MEET THE MBE, WBE AND SDVOB GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT GOOD FAITH EFFORTS (GFE) DOCUMENTATION and A REQUEST FOR WAIVER FORM C UPON COMPLETION OF CONTRACT.

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE and SDVOB requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature)	Email Address	
Name and Title of Preparer (Print or Type)	Telephone No.	Date

FOR AGENCY USE ONLY

Reviewed By				Date
Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No				Date
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated

Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	