



# UTILIZATION PLAN (CONSULTANT)

Email completed form to the Office of Compliance at Compliance@thruway.ny.gov  
or mail to P.O. Box 189, Albany, NY 12201-0189

**INSTRUCTIONS:** This form must be submitted by the consultant to identify all certified DBEs/MWBEs/SDVOBs and all other Non-certified subconsultant's. Complete and accurate forms must be submitted within 10 days following execution of the agreement to Compliance@thruway.ny.gov.

**Modified Plan \_\_\_\_\_  
(Check if modified)**

<b>Consultant Name and Address</b>	<b>Contract Number</b>  D. No. _____	<b>Contract Goals</b> MBE _____ % - \$ _____ WBE _____ % - \$ _____	<b>Contract Value</b> \$ _____ SDVOB _____ % - \$ _____ DBE _____ % - \$ _____
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A. List all DBE/MWBE/SDVOB SUBCONSULTANTS Name, address, phone number and email address for each subconsultant. (Check appropriate box if Firm is a certified DBE/MWBE/SDVOB.)	B. Certification/Designations	C. Estimated Start/End Date	D. Items of Work, Services or Supplies to be Provided	E. Agreement Amount	F. 60% Supplier or Broker Credit Agreement Amount
Subconsultant/Supplier To: _____	<input type="checkbox"/> MBE <input type="checkbox"/> Supplier @ 60% <input type="checkbox"/> WBE <input type="checkbox"/> Broker (Fee Only) \$ _____ <input type="checkbox"/> DBE <input type="checkbox"/> SDVOB	Start Date _____ End Date _____		\$ _____	\$ _____
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Prepared by: _____	(      ) -	MBE Sub Total \$	%
Preparer's Name (Print) _____	Phone No. _____	WBE Sub Total \$	%
_____	Email Address _____	DBE Sub Total \$	%
Preparer's Signature _____	Date Submitted _____	SDVOB Sub Total \$	%
		Grand Total \$	

OFFICE OF COMPLIANCE USE ONLY:	
_____	_____
Chief Compliance Officer Signature	Date

- Approved
- Modification Approved
- Conditionally Approved

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**OFFICE OF COMPLIANCE USE ONLY:**

<p style="text-align: center;">_____</p> <p style="text-align: center;">Chief Compliance Officer Signature</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Modification Approved</b> <input type="checkbox"/> <b>Conditionally Approved</b>
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## UTILIZATION PLAN (CONSULTANT)

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**OFFICE OF COMPLIANCE USE ONLY:**

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Chief Compliance Officer Signature

\_\_\_\_\_  
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