



# UTILIZATION PLAN (CONTRACTOR)

Email completed form to the Bureau of Purchasing at MWBEProcurement@thruway.ny.gov  
or mail to 200 Southern Blvd., Albany, NY 12209

**INSTRUCTIONS: This form must be submitted by the contractor to identify all certified MWBEs and SDVOBs. Complete and accurate forms must be submitted within 10 business days of the notice of tentative contract award to MWBEProcurement@thruway.ny.gov**

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

Contractor Name and Address	Proposal No.  _____	<b>Contract Goals</b> MBE _____ % - \$ _____ WBE _____ % - \$ _____ SDVOB _____ % - \$ _____	<b>Contract Value</b>  \$ _____
IFB/RFP/Contract No.  _____			

A. List all Firms (Subcontractors and Suppliers) Name, address, phone number and email address for each Firm. (Check appropriate box if Firm is a certified MWBE or SDVOB.)	B. Certifications/ 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
Subcontractor/Supplier To:	<input type="checkbox"/> MBE <input type="checkbox"/> Supplier @ 60% <input type="checkbox"/> WBE <input type="checkbox"/> Broker (Fee Only) \$ _____ <input type="checkbox"/> SDVOB	Start Date _____  End Date _____		\$ _____  Submission: _____	\$ _____  _____
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Prepared by:	MBE Sub Total \$ _____ %  WBE Sub Total \$ _____ %  SDVOB Sub Total \$ _____ %  Grand Total \$ _____
_____ Preparer's Name (Print)	_____ Phone No.
_____ Preparer's Signature	_____ Date Submitted
_____ Email Address	

<b>COMPLIANCE UNIT USE ONLY:</b>		<input type="checkbox"/> Approved <input type="checkbox"/> Modification Approved <input type="checkbox"/> Conditionally Approved
_____ Chief Compliance Officer Signature	_____ Date	

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