



New York State
Homes & Community Renewal
 Office of Fair Housing and Equal Opportunity
 Web Site: www.nyshcr.org
 Email: ofheo@nyshcr.org

M/WBE UTILIZATION PLAN
 (Instructions on Reverse Side)

Preliminary
 Amended

Project or SHARS#:	Contract Amount:		Funding Amount:	
Contractor Name:	Address:	Telephone Number:	Email:	Federal ID:
Developer Name:	Address:	Telephone Number:	Email:	Federal ID:

Name, Address and Federal ID # of Firm	NYS Certified (Check One)		General Description of Work to be Performed	\$ Value of Contract	Anticipated Contract Date	
	MBE	WBE			Start	Completion
Federal ID #	<input type="checkbox"/>	<input type="checkbox"/>				
Federal ID #	<input type="checkbox"/>	<input type="checkbox"/>				
Federal ID #	<input type="checkbox"/>	<input type="checkbox"/>				
Federal ID #	<input type="checkbox"/>	<input type="checkbox"/>				

Pursuant to Executive Law Article 15-A, my firm proposes to use the certified M/WBE firms listed above. _____ Signature of Company Official _____ Title _____ Date	<p style="text-align: center;">HCR Use Only</p> <p style="text-align: center;">Proposed Goal Attainment:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Accepted</td> <td style="width: 10%;">MBE</td> <td style="width: 10%;">%</td> <td style="width: 10%;">WBE"</td> <td style="width: 10%;">%</td> <td style="width: 30%;">Funding Amount \$</td> </tr> <tr> <td><input type="checkbox"/> Accepted as Noted</td> <td>MBE \$</td> <td></td> <td>WBE \$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rejected</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> _____ Authorized Signature:	<input type="checkbox"/> Accepted	MBE	%	WBE"	%	Funding Amount \$	<input type="checkbox"/> Accepted as Noted	MBE \$		WBE \$			<input type="checkbox"/> Rejected					
<input type="checkbox"/> Accepted	MBE	%	WBE"	%	Funding Amount \$														
<input type="checkbox"/> Accepted as Noted	MBE \$		WBE \$																
<input type="checkbox"/> Rejected																			
	_____ Date:																		

Instructions for Completing the M/WBE Utilization Plan

This project will not proceed to closing or be awarded until this Utilization Plan has been approved!

The M/WBE Utilization Plan is to be completed by the Contractor and will document the M/WBE to be utilized for each goal achievement. HCR is required by law to request Utilization Plans for all contracts in excess of \$25,000 for labor, services, supplies/equipment and/or material; and expenditures in excess of \$100,000 for construction, demolition, major repairs, renovation, acquisition or improvements to real property.

Project/SHARS #:	Indicate Project/SHARS #.
Contract Amount:	Indicate the amount of this contract.
Funding Amount:	Indicate the amount of funding.
Contractor Federal ID #:	Indicate Federal ID #.
Contractor Name, Address, Telephone Number, Fax Number, Email Address	Provide full name of contractor, office address, city, state and zip code. Indicate Telephone Number, Fax Number, Email address.
Developer Federal ID #:	Indicate Federal ID #.
Developer Name, Address, Telephone Number, Fax Number, Email Address	Provide full name of developer, office address, city, state and zip code. Indicate Telephone Number, Fax Number, Email address.
Name, Address and Federal ID of Firm:	Provide the name, address and Federal ID #.
NYS Certified:	Indicate if firm is MBE or WBE. Only firms certified by NYS will be counted towards M/WBE goals.
General Description of work to be preformed:	Provide a brief description of work to be done.
Dollar (\$) value of contract:	Indicate total dollar amount of contract.
Anticipated Contract Date:	Indicate the proposed start and completion dates.
Signature of Company Official:	Signature of official responsible for contract
Title:	Provide title of official responsible for contract
Date:	Provide date the M/WBE Utilization Plan is signed