



NEW YORK STATE  
HOMES & COMMUNITY RENEWAL

New York State  
Homes & Community Renewal  
Web Site: [www.nyshcr.org](http://www.nyshcr.org)

PROJECTED M/WBE  
UTILIZATION PLAN

Preliminary  
 Amended

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

Name, Address and Federal ID # of Firm	NYS Certified (Check One)		Trade or Type 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  _____ Title  _____ Date	<b>HCR Use Only</b>					
	<b>Proposed Goal Attainment:</b>					
	<input type="checkbox"/> <b>Accepted</b>	<b>MBE</b>	<b>%</b>	<b>WBE"</b>	<b>%</b>	<b>Funding Amount \$</b>
	<input type="checkbox"/> <b>Accepted as Noted</b>	<b>MBE \$</b>		<b>WBE \$</b>		
	<input type="checkbox"/> <b>Rejected</b>					
	<b>Authorized Signature:</b>				<b>Date:</b>	

*Failure to submit this form will result in non-compliance*

## **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.

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