**Instructions for Contractors & Service Providers:**

Contractors and Service Providers must complete Sections 2 and 3. **Submit the completed, signed (electronic signature box checked and dated) form to the Recipient’s Minority Business Officer (MBO)** **no later than the date of contract execution.** Incomplete forms will be found deficient. If more than 10 subcontractors are used, additional pages for Section 3 can be found on EFC’s website.

**If the prime contract is being performed by the parties to a Joint Venture, Teaming Agreement, or Mentor-Protégé Agreement that includes a certified MWBE, please contact EFC for assistance.**

MWBE firms must be certified by the NYS Empire State Development Corporation (ESD) in order to be counted towards satisfaction of MWBE participation goals. The utilization of certified MWBEs for non-commercially useful functions may not be counted towards utilization of certified MWBEs in the Utilization Plan. Please note whether a firm is serving as a broker or supplier on the contract. A broker is denoted by NAICS code 425120 and is designated as a broker in [ESD’s MWBE Directory](https://ny.newnycontracts.com/FrontEnd/searchcertifieddirectory.asp). A supplier is denoted by a NAICS code beginning with 423 or 424, or a NIGP code that does not begin with the number 9 and is designated as a supplier in ESD’s MWBE Directory. If a firm is serving as a broker, please additionally provide the percentage of the broker’s commission on the contract.

See the [Mandatory Terms and Conditions](https://efc.ny.gov/terms-conditions) or consult your designated MBO for further guidance.

**Instructions for Minority Business Officers (MBO):**

The MBO must complete Section 1. Email the completed, signed (electronic signature box checked and dated) to your EFC Program Compliance Specialist.

The subject heading of the email to the EFC Program Compliance Specialist should follow the format “UP, Project Number, Contractor.” EFC will review the Utilization Plan and email the MBO an acceptance or denial.

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| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: MUNICIPAL INFORMATION** | | | | | | |
| **Recipient/Municipality:** | | | **County:** | | | |
| **Project No.:** | **GIGP No.:** | **Contract ID:** | | **Registration No. (NYC only):** | | |
| **Minority Business Officer:** | | **Email:** | | | **Phone #:** | |
| **Address of MBO:** | | | | | | |
| **Electronic Signature of MBO:**  I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and belief. | | | | | | **Date:** |

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| **SECTION 2: PRIME CONTRACTOR / SERVICE PROVIDER INFORMATION** | | | | | | | | |
| **Firm Name:** | | | | | | **Contract Type:**  Construction  Other Services | | |
| **Prime Firm is Certified as:**  MBE  WBE  N/A  Other:  If yes, please include Prime information in Section 3. If dual certified, you must select either MBE or WBE. | | | | | | | | |
| **Address:** | | | **Phone #:** | | | | **Fed. Employer ID #:** | |
| **Description of Work:** | | | | **Email:** | | | | |
| **Award Date:** | **Start Date:** | **Completion Date:** | | | **MWBE GOAL Total** | | | **PROPOSED MWBE Participation** |
| **Total Contract Amount:** $  **MWBE Eligible Contract Amount:** $  (MWBE Goals are applied to this amount and includes all change orders, amendments, & specialty waivers) | | | | | **Total:**% $ | | | **Total:**% $ |

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| **SECTION 3: MWBE SUBCONTRACTOR INFORMATION** | | | | | | |
| **This Submittal is:** | | The First/Original Utilization Plan  Revised Utilization Plan #: | | | | |
| **NYS Certified M/WBE Subcontractor Info** | | | | **Contract Amount:** | | **For EFC Use:** |
| **Business Name:** | | | **Fed. Employer ID#:** |  | |  |
| **Address:** | | | **Phone #:** |
| **Scope of Work:** | | | **Email:** |
| **Select Only One**: MBE  WBE Other: | | | **Start Date:** |
| **Select Only One:** Broker %\_\_\_  Supplier  N/A | | | **Completion Date:** |
| **Full Contract Amount: $** | | |  |
|  | | | | | | |
| **Business Name:** | | | **Fed. Employer ID#:** |  | |  |
| **Address:** | | | **Phone #:** |
| **Scope of Work:** | | | **Email:** |
| Select Only One: MBE  WBE Other: | | | **Start Date:** |
| **Select Only One:** Broker % \_\_\_  Supplier  N/A | | | **Completion Date:** |
| **Full Contract Amount: $** | | |  |
|  | | | | | | |
| **Business Name:** | | | **Fed. Employer ID#:** |  | |  |
| **Address:** | | | **Phone #:** |
| **Scope of Work:** | | | **Email:** |
| Select Only One: MBE  WBE Other: | | | **Start Date:** |
| **Select Only One:** Broker % \_\_\_  Supplier  N/A | | | **Completion Date:** |
| **Full Contract Amount: $** | | |  |
|  | | | | | | |
| **Business Name:** | | | **Fed. Employer ID#:** |  | |  |
| **Address:** | | | **Phone #:** |
| **Scope of Work:** | | | **Email:** |
| Select Only One: MBE  WBE Other: | | | **Start Date:** |
| **Select Only One:** Broker % \_\_\_  Supplier  N/A | | | **Completion Date:** |
| **Full Contract Amount: $** | | |  |
| **SECTION 3: M/WBE SUBCONTRACTOR INFORMATION continued** | | | | | | |
| **Business Name:** | | | **Fed. Employer ID#:** |  | |  |
| **Address:** | | | **Phone #:** |
| **Scope of Work:** | | | **Email:** |
| Select Only One: MBE  WBE Other: | | | **Start Date:** |
| **Select Only One:** Broker % \_\_\_  Supplier  N/A | | | **Completion Date:** |
| **Full Contract Amount: $** | | |  |
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| **Business Name:** | | | **Fed. Employer ID#:** |  | |  |
| **Address:** | | | **Phone #:** |
| **Scope of Work:** | | | **Email:** |
| Select Only One: MBE  WBE Other: | | | **Start Date:** |
| **Select Only One:** Broker % \_\_\_  Supplier  N/A | | | **Completion Date:** |
| **Full Contract Amount: $** | | |  |
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| **Business Name:** | | | **Fed. Employer ID#:** |  | |  |
| **Address:** | | | **Phone #:** |
| **Scope of Work:** | | | **Email:** |
| Select Only One: MBE  WBE Other: | | | **Start Date:** |
| **Select Only One:** Broker % \_\_\_  Supplier  N/A | | | **Completion Date:** |
| **Full Contract Amount: $** | | |  |
|  | | | | | | |
| **Business Name:** | | | **Fed. Employer ID#:** |  | |  |
| **Address:** | | | **Phone #:** |
| **Scope of Work:** | | | **Email:** |
| Select Only One: MBE  WBE Other: | | | **Start Date:** |
| **Select Only One:** Broker % \_\_\_  Supplier  N/A | | | **Completion Date:** |
| **Full Contract Amount: $** | | |  |
| **SIGNATURE** | | | | | | |
| **Electronic Signature of Contractor:**  I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and that all MWBE subcontractors will perform a commercially useful function.  **Name** (Please Type)**:** | | | | **Date:** | | |