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**WORKPLAN**

**FOR PARTICIPATION OF MINORITY- & WOMEN-OWNED BUSINESS ENTERPRISES, DISADVANTAGED BUSINESS ENTERPRISES,**

**SERVICE-DISABLED VETERAN-OWNED BUSINESS ENTERPRISES, AND**

**EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY GROUP MEMBERS**

**Name of Applicant**: **EFC Project No**.:

**County**:

The Applicant will comply with the provisions of New York State Executive Law Article 15-A, 5 NYCRR Parts 140-145, Executive Law Article 17-B, 9 NYCRR Part 252, 40 Code of Federal Regulations (CFR) Part 33, Titles VI and VII of the Civil Rights Act of 1964, 40 CFR Part 7, 41 CFR Part 60-1 Subpart A, and 41 CFR Part 60-4, and other requirements prescribed by the New York State Environmental Facilities Corporation (“EFC”) relating to the participation of minority- and women-owned business enterprises (“MWBEs”), the participation of disadvantaged business enterprises (“DBEs”), the participation of service-disabled veteran-owned business enterprises (“SDVOBs”), equal employment opportunities (“EEO”), and affirmative action, throughout the life of the project.

**Designated Minority- & Women-Owned Business Enterprise Officer (“MBO”):** The MBO is the individual responsible for administering the Applicant’s MWBE, DBE, SDVOB, and EEO programs. A document containing guidance for the MBO can be found on [EFC’s website](https://efc.ny.gov/mwbe-forms#mwbe-forms).

MBO Name:       MBO Title:       MBO Email Address:

MBO Phone No.:       MBO Mailing Address:

Authorized Alternate Name:       Authorized Alternate Title:

Authorized Alternate Email Address:       Authorized Alternate Phone No.:

**MWBE Goals:**

* Clean Water and Drinking Water Loans and Green Infrastructure Grants: 20**%**
* NY Water Grants (WIIA) with Clean Water and Drinking Water Loans: 20**%**
* NY Inter-Municipal Water Infrastructure Grants (IMG) with Loans: 20**%**
* WIIA and IMG Grants w/o Loan: 30**%**

**DBE Fair Share Objective:**

* Equivalency projects only: 20**%**

**SDVOB Goal:**

* WIIA and IMG Grants w/o Loan:6%

Actual and Expected Contracts and Agreements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contract - and Contractor Name (if known) | Amount | Estimated or Actual? | Start Date | Estimated or Actual? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Signature of Municipal Official:** Name:  Title: Date:

Please type the name and title and fill in the date.

I certify that the information submitted herein is true, accurate and complete to the best of my knowledge and belief.