



Revised 2015

### GRANTS MWBE UTILIZATION PLAN

**Section 1: Grant Project Information**

<b>Grant Contract Number:</b>	<b>MWBE Goals Assigned:</b>	<b>Grant Program: (Please check all that apply)</b> CFA    EPF    RTP    OTHER _____
<b>Description of Project:</b>	<b>Total Dollar Value of Grant Award: \$</b>	<b>Is this project part of a multi-phase Contract?</b> Yes                  No <b>Select if this is the final phase of the project.</b>
	<b>Total Cost/Value of Grant Project: \$</b>	
<b>Amount of non-discretionary purchases associated with this grant project: \$</b> <small>(e.g. purchases made under NYS Contract, a city/county/municipal/village contract, operating expenses such as salary, forced account labor, rent, and acquisitions of land).</small>		<b>If federal funds are being used for a portion of this grant project please indicate the amount:</b> \$

**Section 2: Grant Recipient Information**

<b>Name of the Grant Recipient:</b>	<b>Contact Person:</b>	<b>Telephone Number:</b>
<b>Street Address:</b>	<b>City, State, Zip Code:</b>	<b>E-Mail Address:</b>

**Section 3: Prime Contractor (IF APPLICABLE)**

<b>Name and Address of Prime Contractor:</b>  <b>FEIN:</b>	<b>Contact Person:</b>	<b>E-Mail Address:</b>
	<b>Telephone Number:</b>	<b>Certified NYS MWBE?</b> Yes                  No <b>If yes:    MBE                  WBE</b>

<b>Total Cost/Value of this Contract: \$</b>	
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**Section 4, 5, 6 MUST be completed on page 2**

**APPROVALS**

**FOR NYS OPRHP USE ONLY:**

Approved	Approved as Noted	Rejected	MBE: _____%	MBE \$ _____	WBE: _____%	WBE \$ _____
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Notes:

<b>Authorized Signature:</b>	<b>Date</b>
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**Section 4: Certified MWBE sub contractors/suppliers/vendors that the Grant Recipient intends to use**

Certified MWBE Subcontractors / Suppliers Name, Address, Telephone Number and E-mail Address	MBE	WBE	Federal ID Number (FEIN)	Description of Subcontracting / Supplies	Total Contract Value of Subcontracting /Supplies

**Section 5: Grant Recipient’s Affirmation and Signature**

*Pursuant to Executive Law Article 15-A, as the grant recipient, I will engage in good faith efforts to achieve the MWBE goals on this contract. I understand that making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. I understand that all listed subcontractors/suppliers will be contacted for verification of solicitation.*

Authorized Signature of Grant Recipient:	Date:	Print Name and Title:
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**Section 6: Prime Contractor’s Affirmation and Signature (IF APPLICABLE)**

*Pursuant to Executive Law Article 15-A, my firm will engage in good faith efforts to achieve the MWBE goals on this contract. I understand that making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. I understand that all listed subcontractors/suppliers will be contacted for verification of solicitation.*

Authorized Signature of Prime Contractor:	Date:	Print Name and Title:
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