

Higher Education Capital Match Program (HECap)

EXHIBIT F-1: MWBE UTILIZATION PLAN

ORIGINAL Submission **REVISED** Submission

A. GRANTEE INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

B. PROJECT INFORMATION:

Project ID: _____

Project Amount: \$ _____

Grant Amount: \$ _____

MBE Goal % 18 (of Grant Amount) \$ _____

WBE Goal % 12 (of Grant Amount) \$ _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Description: _____

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C. List all MWBE consultants, contractors, subcontractors and suppliers anticipated to be used during the performance of this Agreement:

- Firm Name: _____ Value of Proposed Award: \$ _____
Address: _____ Fed ID No. _____

City: _____ State: _____ Zip: _____ Estimated Start Date: _____

Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE
Work Description: _____

- Firm Name: _____ Value of Proposed Award: \$ _____
Address: _____ Fed ID No. _____

City: _____ State: _____ Zip: _____ Estimated Start Date: _____

Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE
Work Description: _____

- Firm Name: _____ Value of Proposed Award: \$ _____
Address: _____ Fed ID No. _____

City: _____ State: _____ Zip: _____ Estimated Start Date: _____

Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE
Work Description: _____

- Firm Name: _____ Value of Proposed Award: \$ _____
Address: _____ Fed ID No. _____

City: _____ State: _____ Zip: _____ Estimated Start Date: _____

Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE
Work Description: _____

NOTE: *The utilization of certified minority and women-owned business enterprises for non-commercially useful functions may not be counted towards utilization of certified minority and women-owned business enterprises in the Utilization Plan.*

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IF UNABLE TO FULLY MEET THE MWBE GOALS SET FORTH, GRANTEE MUST SUBMIT A WAIVER REQUEST FORM.

Name of Grantee Authorized Officer

Title of Grantee Authorized Officer

Authorized Officer's Signature

Date

**** FOR DASNY USE ONLY ****

REVIEWED BY:

DATE:

Project ID:

UTILIZATION PLAN APPROVED:

YES NO

Date:

NOTICE OF DEFICIENCY ISSUED:

YES NO

Date of Issue:

NOTICE OF ACCEPTANCE ISSUED:

YES NO

Date of Issue: