

UTILIZATION PLAN

ORIGINAL Submission REVISED Submission

A. PRIME INFORMATION: CONTRACTOR CONSULTANT VENDOR

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ E-Mail Address: _____ Telephone Number: _____
 Fax Number: _____

PROJECT INFORMATION: Project Number: _____ Work Authorization# (if applicable) _____

Contract / Bid Number: _____ Contract / Bid Amount: \$ _____
 MBE Goal % _____ \$ _____ WBE Goal % _____ \$ _____

Facility Name: _____
 Building(s): _____
 Address: _____
 City: _____ County: _____ Zip: _____
 Work Description: _____

1. Schedule of proposed subcontract work:

Trade/Service	Amount	Trade/Service	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Description of Equipment, Materials or Supplies

Description of Equipment, Materials or Supplies	Estimated Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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B. List ALL subcontractors and suppliers you plan to utilize during the performance of this contract:

***** NOTE: A completed Scope Verification Form AAP 10.0 (06/10) must accompany this Utilization Plan for each M/WBE subcontractor listed. A blank form is included in the Contract Documents. Incomplete or non-submittal of the form(s) will delay approval of the Utilization Plan. The Scope Verification Form is only applicable for Construction, JOC and CM @ Risk contracts.**

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
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City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

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Upstate: 515 Broadway, Albany, NY 12207-2964, Phone: (518) 257-3706 Fax: (518) 3100

Downstate: One Penn Plaza, 52nd Floor, New York, NY 10119-0098, Phone: (212) 273-5038 Fax: (212) 273-5121

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(subcontractor/supplier continuation page)

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

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Address: Fed ID No.
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Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

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Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

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Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
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City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
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City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

- Firm Name: Value of Proposed Award: \$
Address: Fed ID No.
City: State: Zip: Estimated Start Date:
Contact Person: Telephone:
Work Description: Type of Firm: MBE WBE OTHER

Type Name of Principal or Officer

Type Title of Principal or Officer

Signature of Principal or Officer

Date

C. REQUEST FOR WAIVER

TOTAL WAIVER PARTIAL WAIVER N/A – GOALS ARE MET

MBE Waiver (%) Requested ___ WBE Waiver (%) Requested ___

NOTE: *On Professional Service Term and Construction JOC Contracts, the overall goal percentages are applied to the entire contract dollar value. Therefore, if a waiver is requested for an individual work order, it is your responsibility to make up the shortfall on future work orders in order to maintain the overall M/WBE goal percentage for the contract. In addition, your firm should maintain a record of the M/WBE goal attainment for the overall contract which may be requested by DASNY's Opportunity Programs Group at any given time. Failure to do so may jeopardize the award of future work orders.*

1. Provide a statement of justification to support the request for a waiver of the goal requirements established by the Contract Documents.

2. "Good Faith Effort" Guidelines

The following guidelines must be used for the preparation of ALL "good faith effort" documentation. The responses to the information in the Guidelines should be given in an item-by-item format following the numerical sequence as presented and accompany the Utilization Plan.

IF YOU FAIL TO ADEQUATELY DOCUMENT AND RESPOND TO EACH ITEM ON THE GOOD FAITH EFFORT GUIDELINES, THE REQUEST FOR WAIVER WILL BE DEEMED NON-RESPONSIVE, INCOMPLETE AND WILL BE REJECTED.

If you need assistance, please contact the Opportunity Programs Group at (518) 257-3706 (Upstate) or (212) 273-5038 (Downstate).

GOOD FAITH EFFORT GUIDELINES

1. Attach a copy of the completed Utilization Plan in accordance with M/WBE goals established in the Contract Documents.
2. Submit a written request for a referral list of M/WBE's certified by Empire State Development by trade or service from the Opportunity Programs Group for subcontracting and procurement opportunities.
3. Provide a record of written solicitations made to NYS certified M/WBE's obtained from the NYS Empire State Development directory of certified businesses located at: <http://www.esd.ny.gov/MWBE/directorySearch.html> . Include dates and copies of solicitations made.
4. Contact all the Empire State Development certified M/WBEs posted in the list of interested subcontractors and suppliers posted on DASNY's website: <http://www.dasny.org/construc/bidops/03C2.php>
5. Provide a record of advertisements placed in general circulation, trade and minority and women oriented publications. Include the name of publications and dates of advertisements.
6. Submit documentation that clearly demonstrates that you contacted all the M/WBEs identified through the outreach activities outlined above to determine their capacity to perform the applicable scope of work.
7. Provide a record of ALL responses received from New York State certified minority and women-owned business enterprises to any such advertisements and solicitations made. Include dates and copies of any written responses.
8. Provide a list of any pre-bid, pre-award, or other meetings attended with New York State certified minority or women owned businesses.
9. List the efforts undertaken to subdivide portions of the work into smaller components in order to increase New York State certified minority and women-owned business enterprise participation.
10. Did your firm seek additional assistance from one of the Owner's Technical Assistance providers? If yes please provide documentation of your interaction.
11. Did your firm solicit any New York State certified minority and women-owned business enterprises located outside the region where the scope of work is to be performed? If so, what actions were taken to contact and assess the financial ability of those firms to participate?
12. Provide a description of all relevant contract documents, plans or specifications, or documents describing the scope of work which was made available to New York State certified minority and women-owned business enterprises for the purposes of soliciting their bids. Include the dates and manner in which these documents were made available.
13. Were the same subcontract terms and conditions offered to New York State certified minority and women-owned business enterprises as those offered in the ordinary course of business and to other subcontractors?
14. Did your firm engage in direct in person or telephone negotiations with NYS certified M/WBE firms where quotes originally submitted were deemed as too high?
15. Has your firm made payments for work performed by New York State certified minority and women-owned business enterprises in a timely fashion for past work so as to facilitate continued performance by the certified businesses?
16. List any special considerations and/or concerns, which are preventing adequate New York State certified minority and women-owned business enterprises to participate.

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D. PERMANENT EMPLOYEE DISTRIBUTION

PRIME INFORMATION: CONTRACTOR CONSULTANT VENDOR

Name: _____ Federal ID# _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Telephone: _____

DISTRIBUTION OF PERMANENT EMPLOYEES

	-----FEMALE EMPLOYEES-----					-----MALE EMPLOYEES-----				
ENTER POSITION	NATIVE					NATIVE				
<u>OR JOB TITLE</u>	WHITE	BLACK	AMERICAN	HISPANIC	ASIAN	WHITE	BLACK	AMERICAN	HISPANIC	ASIAN

EXECUTIVE AND OWNER: For position titles such as President, Partner, Owner, Treasurer, Secretary, etc.

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

PROFESSIONAL: For position titles of individuals possessing a License to practice their profession

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

TECHNICAL AND MANAGEMENT: For position titles except Executive and Owner, Professional, and Clerical & Support

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

CLERICAL AND SUPPORT:

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

 Type Name of Principal or Officer

 Type Title of Principal or Officer

 Signature of Principal or Officer

 Date

E. STANDARD EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

PRIME INFORMATION: CONTRACTOR CONSULTANT VENDOR

Name: _____
Address: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Telephone: _____

PROJECT INFORMATION:

Facility Name: _____
Building (s): _____
Address: _____
City: _____ County: _____ Zip: _____
Work Description: _____

Project Number: _____ **Contract Amount:** \$ _____

The following is a statement of _____'s commitment to provide participation by minority persons and women in the workforce at the above referenced project:

_____ will ensure and maintain a working environment free of harassment, intimidation and coercion and shall specifically ensure that all foremen, superintendents and other supervisory personnel are aware of and carry out our commitment to maintain such a working environment.

_____ will establish and maintain a current list of minority and women recruitment sources and notify such sources and minority and community organizations when employment opportunities are available and maintain a record of the sources and organizations' responses.

_____ will maintain a file of the names and address of each minority person and woman referred to it by any individual, recruitment source or community organization and of what action was taken with respect to each such referred individual. If the individual was not employed, the file will contain the reasons.

_____ will promptly notify DASNY when the union or unions with which we have a collective bargaining agreement has not referred to us a minority person or woman sent by us to such a union for employment in the work or when it has other information that the union referral process has impeded efforts to meet its obligations.

_____ will disseminate this equal employment opportunity policy statement within the organization and will provide all subcontractors with a copy, discussing it with them prior to commencing work at the job site. A copy of our equal employment policy shall be posted at the job site at all times.

Type Name of Principal or Officer

Type Title of Principal or Officer

Signature of Principal or Officer

Date

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