



**DORMITORY AUTHORITY - STATE OF NEW YORK
Office of Opportunity Programs**

UPSTATE: 515 Broadway, Albany, NY 12207 - Phone: (518) 257-3706

DOWNSTATE: 28 Liberty Street, 55th Floor, New York, NY, 10005 - Phone: (212) 273-5038

SCOPE VERIFICATION FORM

This form must be submitted with the Utilization Plan for each MWBE subcontractor listed on the Utilization Plan. Failure to submit will delay acceptance of the Utilization Plan and award of the Contract.

A. PROJECT INFORMATION	
Facility:	Project No:
Contract/Bid No:	Work Authorization (if applicable):

B. PRIME CONTRACTOR	C. M/WBE SUBCONTRACTOR	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>
COMPANY:	COMPANY:		
CONTACT:	CONTACT:		
TELEPHONE:	TELEPHONE:		
E-MAIL:	E-MAIL:		

D. SUBCONTRACTOR SCOPE OF SERVICES

In the box below, provide a detailed scope of services to be performed by the proposed M/WBE Subcontractor listed above.

CSI Number (Must be 6 Digits)	DESCRIPTION OF WORK	PRICE

The official schedule of values for the above scope of services must be submitted along with the applicable subcontract agreement within 30 days of the Utilization Plan approval.

M/WBE SUBCONTRACTOR

CONTRACTOR

Print Name of Principal or Officer

Print Title of Principal or Officer

Signature of Principal or Officer

Signature of Principal or Officer

Date

Date