

**TERM CONTRACT NUMBER: 123456**  
**WORK AUTHORIZATION NUMBER: 0**

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Professional:	Name of Firm
	Address
	City, State, Zip
	Attention: Contact Name
	Email: Contact Email

**TERMS AND CONDITIONS:**

Services shall be rendered in accordance with the terms and conditions specified in Contract 123456.

The MBE/WBE/SDVOB goals for this contract are 0% MBE, 0% WBE and 0% SDVOB and are applicable to the entire value of the contract. A completed Utilization Plan listing all sub consultants must be submitted thru the NYS Contract System regardless of the dollar value of the work authorization. A searchable directory of certified M/WBE firms is available at <https://ny.newnycontracts.com> and a directory of certified SDVOB firms is available at <http://www.ogs.ny.gov/Core/SDVOBA.asp>. Only those firms certified M/WBE by NYS and perform commercially useful functions may be counted toward M/WBE utilization.

When the plan is ready for your completion, you will receive an email from the NYS Contract System. After you receive the utilization plan approval by DASNY, a printed copy of the approved plan along with the original signed & notarized Utilization Plan Cover Sheet must be mailed to:

The forms and instructions can be found at <http://www.dasny.org/MWSBES>.

**PROJECT DESCRIPTION:**

Name of Project (Project # / CR #)

**SCOPE OF SERVICES:**

In accordance with Term Contract 123456, the Professional shall provide the following services:

**PLA Feasibility Study/Analysis:**

Provide economic feasibility analysis of using a project labor agreement (PLA) for the specified project above.

- Construction and labor market analysis
- Evaluation of existing collective bargaining agreements
- Assessment of the expected economic benefits
- Overall conclusions and recommendations

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**PROVISIONS FOR PAYMENT:**

The Owner shall pay, and the Professional agrees to accept, as compensation for the Professional's Required Services, the following amounts at the successful submission of each deliverable of the Professional's Required Services:

<u>Deliverable</u>	<u>Dollar Amount</u>	
PLA Feasibility Study	\$25,807.00	LS
<b>Total</b>	<b>\$25,807.00</b>	<b>NTE</b>

AE = Actual Expense

LS = Lump Sum

NTE = Not to Exceed

**COMPLETION DATE:**

The Professional Services described in this Work Authorization shall be completed on or before Month Day, Year.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Officer

Dormitory Authority of the State of New York

/Initials

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PS Request ID #: 20000