

**TERM CONTRACT NUMBER: 123456**  
**WORK AUTHORIZATION NUMBER: 00**

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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 18% MBE, 12% WBE and 6% 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:

**PROJECT DESCRIPTION:**

Name of Project (Project # / CR#)

**SCOPE OF SERVICES:**

In accordance with Term Contract 123456, the Professional and it's subconsultants shall provide:

Scope of Services TBD

**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>	
Reimbursables	\$1,000.00	AE
<b>Total</b>	<b>\$1,000.00</b>	<b>NTE</b>

AE = Actual Expense

LS = Lump Sum

NTE = Not to Exceed

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Dormitory Authority – State of New York

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**COMPLETION DATE:**

The Professional Services described in this Work Authorization will be completed on \_\_\_\_\_.

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

Authorized Officer  
Dormitory Authority of the State of New York

Attachment  
/INITIALS

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Dormitory Authority – State of New York

Term Contract Number 123456  
XXXXXX-XXX-XXX

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