## Office of Employee Relations (OER)/New York State Labor-Management Committees (LMC) Contractor's MWBE Utilization Plan (Form ADM-145)

INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the solicitation. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-Owned Business Enterprise (MWBE) under the contact. Attach additional sheets if necessary. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Additional instructions provided on the back of this page.

Contract No.:

Contract No.:

Contract Name, Address and Telephone No.

FEIN

NYS Vendor ID

Contract Description Location (Region)

MWBE Goals in Contract MBE

WBE

WBE

WBE

WBE

WBE

WBE

|                                                                                                                                                                                                                                                                                                                                                                                              |               |       |                      |      |                                                                   |  |                           |                           | WBE                                                                 | % |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|----------------------|------|-------------------------------------------------------------------|--|---------------------------|---------------------------|---------------------------------------------------------------------|---|
| SECTION 1                                                                                                                                                                                                                                                                                                                                                                                    |               |       |                      |      |                                                                   |  |                           |                           |                                                                     |   |
| Certified MWBE Subcontractors/Suppliers<br>Name, Address, Telephone No., E-mail<br>Address                                                                                                                                                                                                                                                                                                   | FEIN          | CEI   | NYS ESD<br>CERTIFIED |      | Detailed description of work (Attach additional sheets if necessa |  |                           | ntracts/S                 | ollar Value of<br>s/Supplies/Services and<br>formance dates of each |   |
|                                                                                                                                                                                                                                                                                                                                                                                              | NYS Vendor ID | MBE   | WBE                  | (//. | (Attaon additional sheets if hecessary)                           |  | component of the contract |                           |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                              |               |       |                      |      |                                                                   |  |                           |                           |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                              |               |       |                      |      |                                                                   |  |                           |                           |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                              |               | -     |                      |      |                                                                   |  |                           |                           |                                                                     |   |
| IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUMIT A REQUEST FOR WAIVER (OER FORM ADM149)                                                                                                                                                                                                                                                        |               |       |                      |      |                                                                   |  |                           |                           |                                                                     |   |
| Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Parts 140 and 142. Failure to submit true, accurate and complete information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract. |               |       |                      |      |                                                                   |  |                           |                           |                                                                     |   |
| Prepared By (Signature) Email Address                                                                                                                                                                                                                                                                                                                                                        |               |       |                      |      |                                                                   |  |                           |                           |                                                                     |   |
| Name and Title of Preparer (Print or Type)                                                                                                                                                                                                                                                                                                                                                   |               |       |                      | Tele | Telephone No.                                                     |  |                           | Date                      |                                                                     |   |
| FOR OER USE ONLY                                                                                                                                                                                                                                                                                                                                                                             |               |       |                      |      |                                                                   |  |                           |                           |                                                                     |   |
| Reviewed By                                                                                                                                                                                                                                                                                                                                                                                  |               |       |                      |      |                                                                   |  | Date                      |                           |                                                                     |   |
| Utilization Plan Approved □ Yes □ No                                                                                                                                                                                                                                                                                                                                                         |               |       |                      |      |                                                                   |  | Date                      |                           |                                                                     |   |
| Contract No. Project No. (If applicable)                                                                                                                                                                                                                                                                                                                                                     |               | Contr | ract Award           | Date | ate Estimated Completion Date                                     |  | •                         | Contract Amount Obligated |                                                                     |   |
| Notice of Deficiency Issued ☐ Yes ☐ No Date Comments:                                                                                                                                                                                                                                                                                                                                        |               |       |                      |      |                                                                   |  | •                         |                           |                                                                     |   |
| Notice of Acceptance Issued                                                                                                                                                                                                                                                                                                                                                                  |               |       |                      |      |                                                                   |  |                           |                           |                                                                     |   |

ADM-145 (Revised 04/2022)

## Office of Employee Relations (OER)/New York State Labor-Management Committees (LMC) Contractor's MWBE Utilization Plan Instructions (Form ADM-145)

- ➤ **Contract Number**: Enter contract number, for example, OER01-C01214-1120000.
- > Contractor Information: Enter legal entity name, address, telephone number, Federal Employer Identification Number (FEIN) and NYS Vendor ID.
- **Contract Description Location:** Enter the contract description and location(s).
- ➤ **MWBE Goals in Contract:** Enter Minority Business Enterprise (MBE) and Women-Owned Business Enterprise (WBE) contract goals. If the prime is not dual-certified, these goals are to be accomplished by subcontracting with NYS certified MWBEs. Only MWBE firms performing a commercially useful function may be counted for utilization goals.
- Certified MWBE Subcontractors/Suppliers: Enter the certified MWBE's name, address, telephone number and FEIN with which the prime intends to subcontract to satisfy the contract goals. Verify certification in the NYS Directory of Certified MWBEs available at <a href="https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp">https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp</a>.
- > NYS ESD Certified: Certified by NYS Empire State Development Corporation Division of Minority and Women's Business Development; indicate if MBE, WBE, or both by checking the appropriate boxes.
- > **Detailed Description of work:** Describe the type of services the MWBE vendors are intended to provide in relation to the MBE and WBE contract goals.
- > Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract: Estimate the dollar value and indicate the intended performance dates of each component of the contract scope of work.
- > **Signature Section:** Sign, print name, enter telephone number, email address and date. The signee of this form, to the best of his/her knowledge, information and belief, confirms the responses on this form are true, accurate and complete, including all attachments, if applicable.

## **Special Notes:**

- ✓ Section 1 needs to be completed if the prime contractor is a NYS certified MBE or a WBE, not dual-certified, subcontracting to satisfy the goal for which the contractor is not certified. Generally, a contract should have both MBE and WBE goals, if not a Waiver is required (OER Form: ADM149).
- Section 1 does not need to be completed if the prime contractor is a dual-certified minority and women-owned business enterprise performing one hundred percent of the MWBE contract goals. If this is the case, proceed to the signature section and attach a printout showing the contractor is a dual-certified from the NYS Directory of Certified MWBEs available at <a href="https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp">https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp</a>.
- ✓ Section 1 does not need to be completed if the contractor is a joint venture, teaming agreement, or other similar arrangement, with a NYS certified MWBE performing a commercially useful function for one hundred percent of the MWBE contract goals. If this is the case, attach a copy of the arrangement including all information requested in the solicitation and proceed to the signature section.
- ✓ Section 1 does not need to be completed if the contractor is submitting a mentor-protégé agreement that reflects an investment by the mentor in the protégé roughly equal to the difference between the goal set forth in the solicitation and the percentage of value added participation provided by the protégé. If this is the case, attach a copy of the agreement including all information requested in the solicitation and proceed to the signature section.

ADM-145 (Revised 04/2022)