FORM A CONSULTANT/CONTRACTOR DETAILED MBE/WBE AND EEO UTILIZATION PLAN (DUE AT THE TIME OF BID)

Consultant/Contractor Nam	itant/Contractor Name:							State:			
Address:					Ci	tv:]	Zip Code:	
						- , -				Contract Award Date:	
Contract Name/ Description:						I —				Projected Completion Dat	e:
Project Owner Name (include department name):										Project Number:	
Project Owner Address:					Cit	ty:				State:	
						ļ				Zip Code:	
Authorized				E-mail						Telephone:	
Representative:				Addres	S:						
Authorized										Title:	
Certificate Signature:											
Address: City: Zip Code: Zip Code: Contract Name/ Bid Number Project Comtract Name/ Description: Bid Number Project Avand Date: Completion Date Project Owner Name Project Owner Project Owner Project Number: Address: City: State: Zip Code: Authorized Representative: E-mail Address: Telephone: Authorized Certificate Signature: Sign Authorized Signature: Title: PROJECTED MWBE AND EEO CONTRACT SUMMARY * # of Employees Work Hours 1. Total Dollar Value of the Prime Contract 6. Total # of Employees/Work Hours											
	%	Amount (\$)						%	# of	Employees	Work Hours
1 11			5	i. Total # of E	mployees	/Wo	rk Hours				
Contract						-					
Contract											
1 11											
Address: City: Zip Code: Contract Name/ Bid Number Contract Description: Bid Number Project: Project Owner Name Project (A Digit #): Completion Date: Project Owner City: State: Address: City: State: Project Owner City: State: Authorized E-mail Address: Authorized Or Print and Sign Authorized Sepresentative: Address: Telephone: PROJECTED M/WBE AND EEO CONTRACT SUMMARY Title: PROJECTED M/WBE AND EEO CONTRACT SUMMARY Mow Hours Muthorized 5. Total # of Employees/Work Hours Omeganetion: WBE Goal Applied to the 6. Total Goal for Minority Employees Omeganetic: WBE Goal Applied to the 7. Total Goal for Female Employees Omeganetic: MBE/WBE Combined 8. EEO Workforce Combined Totals Omeganetic: WBE Goal Applied to the 8. EEO Workforce Combined Totals Omeganetic: WBE Goal Applied to the 8. EEO Workforce Combined Totals Omeganetic: WBE Goal Applied to the 8. EEO Workforce Combin											
Proposed Goals	Da	ate Approved		Date Dis	approved					nitials	
MBE(%)											
WBE(%)											

FORM A CONTINUED

SECTION I - MBE INFORMATION:

In order to achieve the MBE Goals, New York State certified MINORITY-OWNED firms are expected to participate in the following manner:

MBE Firm	Description of Work (MBE)	Project MBE Contract Amount and Award Date	Contract Schedule Start Date	Contract Payment Schedule	Project Completion Date
Name: Address: Address: Zip Code: Zip Code: E-mail:		\$ Date:	Date:		Date:
Name: Address: Address: City:		\$ Date:	Date:		Date:
Name: Address: Address: City:		\$ Date:	Date:		Date:

FORM A CONTINUED

SECTION II - WBE INFORMATION:

In order to achieve the WBE Goals, New York State certified WOMEN-OWNED firms are expected to participate in the following manner:

WBE Firm	Description of Work (WBE)	Project WBE Contract Amount and Award Date	Contract Schedule Start Date	Contract Payment Schedule	Project Completion Date
Name: Address: Address: Zip Code: Zip Code: Telephone: E-mail:		\$ Date:	Date:		Date:
Name: Address: City: City: State: Zip Code: Telephone: E-mail:		\$ Date:	Date:		Date:
Name: Address: Address: City:		\$ Date:	Date:		Date:

FORM A CONTINUED

SECTION III - EEO INFORMATION:

In order to achieve the EEO Goals, Minorities and Females are expected to be employed in the following job categories for the specified amount of work hours.

		All Employ	/ees Hours	Minority Employee Hours					
Job Categories	Total Work Hours of Contract	Males	Females	Black	Asian	Native American	Hispanic		
Officials/Managers									
Professionals									
Technicians									
Sales Workers									
Office/Clerical									
Craftsmen									
Laborers									
Service/Workers									
TOTALS									