

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

Consultant/Contractor Name: <input style="width:95%;" type="text"/>	State: <input style="width:95%;" type="text"/>
Address: <input style="width:40%;" type="text"/> City: <input style="width:30%;" type="text"/>	Zip Code: <input style="width:20%;" type="text"/>
Contract Name/Description: <input style="width:40%;" type="text"/> Bid Number <input style="width:15%;" type="text"/> (4 Digit #): <input style="width:15%;" type="text"/>	Contract Award Date: <input style="width:20%;" type="text"/> Projected Completion Date: <input style="width:20%;" type="text"/>
Project Owner Name (include department name): <input style="width:95%;" type="text"/>	Project Number: <input style="width:20%;" type="text"/>
Project Owner Address: <input style="width:40%;" type="text"/> City: <input style="width:30%;" type="text"/>	State: <input style="width:15%;" type="text"/> Zip Code: <input style="width:20%;" type="text"/>
Authorized Representative: <input style="width:30%;" type="text"/> E-mail Address: <input style="width:40%;" type="text"/>	Telephone: <input style="width:95%;" type="text"/>
Authorized Certificate Signature: <input style="width:20%;" type="text"/> OR Print and Sign Authorized Signature: <input style="width:30%;" type="text"/>	Title: <input style="width:95%;" type="text"/>

PROJECTED M/WBE AND EEO CONTRACT SUMMARY

	%	Amount (\$)		%	# of Employees	Work Hours
1. Total Dollar Value of the Prime Contract	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	5. Total # of Employees/Work Hours	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>
2. MBE Goal Applied to the Contract	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	6. Total Goal for Minority Employees	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>
3. WBE Goal Applied to the Contract	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	7. Total Goal for Female Employees	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>
4. MBE/WBE Combined Totals	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	8. EEO Workforce Combined Totals	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>

EFC ADMINISTRATIVE UNIT M/WBE PROGRAM USE ONLY

Proposed Goals	Date Approved	Date Disapproved	Initials
MBE(%) <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
WBE(%) <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

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: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> City: <input style="width: 100%;" type="text"/> State: <input style="width: 15%;" type="text"/> Zip Code: <input style="width: 15%;" type="text"/> Telephone: <input style="width: 100%;" type="text"/> E-mail: <input style="width: 100%;" type="text"/>		\$ <input style="width: 80%;" type="text"/> Date: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>		Date: <input style="width: 80%;" type="text"/>
Name: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> City: <input style="width: 100%;" type="text"/> State: <input style="width: 15%;" type="text"/> Zip Code: <input style="width: 15%;" type="text"/> Telephone: <input style="width: 100%;" type="text"/> E-mail: <input style="width: 100%;" type="text"/>		\$ <input style="width: 80%;" type="text"/> Date: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>		Date: <input style="width: 80%;" type="text"/>
Name: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> City: <input style="width: 100%;" type="text"/> State: <input style="width: 15%;" type="text"/> Zip Code: <input style="width: 15%;" type="text"/> Telephone: <input style="width: 100%;" type="text"/> E-mail: <input style="width: 100%;" type="text"/>		\$ <input style="width: 80%;" type="text"/> Date: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>		Date: <input style="width: 80%;" type="text"/>

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: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> City: <input style="width: 100%;" type="text"/> State: <input style="width: 15%;" type="text"/> Zip Code: <input style="width: 15%;" type="text"/> Telephone: <input style="width: 100%;" type="text"/> E-mail: <input style="width: 100%;" type="text"/>		\$ <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>		Date: <input style="width: 100%;" type="text"/>
Name: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> City: <input style="width: 100%;" type="text"/> State: <input style="width: 15%;" type="text"/> Zip Code: <input style="width: 15%;" type="text"/> Telephone: <input style="width: 100%;" type="text"/> E-mail: <input style="width: 100%;" type="text"/>		\$ <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>		Date: <input style="width: 100%;" type="text"/>
Name: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/> City: <input style="width: 100%;" type="text"/> State: <input style="width: 15%;" type="text"/> Zip Code: <input style="width: 15%;" type="text"/> Telephone: <input style="width: 100%;" type="text"/> E-mail: <input style="width: 100%;" type="text"/>		\$ <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>		Date: <input style="width: 100%;" type="text"/>

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 Employees Hours		Minority Employee Hours			
Job Categories	Total Work Hours of Contract	Males	Females	Black	Asian	Native American	Hispanic
Officials/Managers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professionals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technicians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales Workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Craftsmen	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Laborers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service/Workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTALS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>