



Onondaga County Division of Purchase MWBE & EEO Utilization Plan

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Instructions:

Prime Contractor must entirely complete **Sections I - VI**. This form **MUST** be included with the bid package.

Section I: Vendor Information			
Prime Contractor Name:			
Address:		City:	State: Zip Code
Email:		Telephone:	
Authorized Representative Name (Print):		Title:	
Bid Number:	Bid Description:		
Section II: Projected MWBE Summary			
	%	Amount (\$)	
1. Total Dollar Value of the Prime Contract	100		
2. MBE Goal Applied to the Contract			
3. WBE Goal Applied to the Contract			
4. MBE/WBE Combined Totals			
Section III: Projected EEO Summary			
	%	# of Employees	Work Hours
1. Total # of Employees/ Work Hours	100		
2. Total Goal for Minority Employees			
3. Total Goal for Female Employees			
4. EEO Workforce Combined Totals			

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Section IV: MWBE Subcontractor Information

Section IV: MWBE Subcontractor Information				
MWBE Subcontractor Name:		Address:		
City:	State:	Telephone:		
Email:		Zip Code:	MBE	or WBE
Description of Work:				
Project Contract Amount: \$		Estimated Project Start Date:		Contract Payment Schedule: Monthly Bi-Weekly Weekly
MWBE Subcontractor Name:		Address:		
City:	State:	Telephone:		
Email:		Zip Code:	MBE	or WBE
Description of Work:				
Project Contract Amount: \$		Estimated Project Start Date:		Contract Payment Schedule: Monthly Bi-Weekly Weekly
MWBE Subcontractor Name:		Address:		
City:	State:	Telephone:		
Email:		Zip Code:	MBE	or WBE
Description of Work:				
Project Contract Amount: \$		Estimated Project Start Date:		Contract Payment Schedule: Monthly Bi-Weekly Weekly
MWBE Subcontractor Name:		Address:		
City:	State:	Telephone:		
Email:		Zip Code:	MBE	or WBE
Description of Work:				
Project Contract Amount: \$		Estimated Project Start Date:		Contract Payment Schedule: Monthly Bi-Weekly Weekly

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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. The **MWBE Goal requirements** are **18% for Minority** and **12% for Women**, for a **total of 30%**.

Section V: EEO Summary by Title							
		All Employees 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							

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Section VI: Signed Letter of Intent

Owner: <u>Onondaga County</u>	Bid Number: _____
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Dear Owner:

I, _____ intend to perform
(Name of Subcontractor)

_____ intend to perform
(Description of Work)

in the amount of _____ for _____
(Total Dollar Amount or EEO Hours) (Name of Prime Contractor)

I, _____ will sign a formal contract for the work
(Name of Subcontractor)
 conditioned upon the approval of your executed contract with the prime contractor.

Date of MWBE Certification: _____ Estimated Project Start Date: _____
(If Applicable)

Subcontractor Name & Title:	MBE	WBE	EEO
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Address:	City:
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State:	Zip Code:	Telephone:
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Email: _____

Subcontractor Representative Signature:	Date:
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Prime Contractor Name & Title:	MBE	WBE	EEO
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Address:	City:
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State:	Zip Code:	Telephone:
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Email: _____

Prime Contractor Representative Signature:	Date:
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