

UTILIZATION PLAN (CONTRACTOR)

TA No. _____

A. List all Firms (Subcontractors, Suppliers and Trucking) Name, address, phone number and email address for each Firm. (Check appropriate box if Firm is a certified DBE/MWBE/SDVOB.)	B. Certifications/ Designations	C. Estimated Start/End Date	D. Items of Work, Services or Supplies to be Provided	E. Agreement Amount	F. 60% Supplier or Broker Credit Agreement Amount
Subcontractor/Supplier To:	<input type="checkbox"/> MBE <input type="checkbox"/> Supplier @ 60% <input type="checkbox"/> WBE <input type="checkbox"/> Broker (Fee Only) \$ _____ <input type="checkbox"/> DBE <input type="checkbox"/> SDVOB	_____ Start Date _____ End Date		\$	\$
	Submission: _____				
Subcontractor/Supplier To:	<input type="checkbox"/> MBE <input type="checkbox"/> Supplier @ 60% <input type="checkbox"/> WBE <input type="checkbox"/> Broker (Fee Only) \$ _____ <input type="checkbox"/> DBE <input type="checkbox"/> SDVOB	_____ Start Date _____ End Date		\$	\$
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OFFICE OF COMPLIANCE USE ONLY:

_____ Chief Compliance Officer Signature	_____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Modification Approved <input type="checkbox"/> Conditionally Approved
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	Submission: _____				

OFFICE OF COMPLIANCE USE ONLY:

<p style="text-align: center;">_____</p> <p style="text-align: center;">Chief Compliance Officer Signature</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>	<input type="checkbox"/> Approved <input type="checkbox"/> Modification Approved <input type="checkbox"/> Conditionally Approved
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