



COMPLIANCE UNIT/OFFICE OF CONTRACTS AND CONSTRUCTION MANAGEMENT  
**UTILIZATION PLAN FOR PRIME CONSULTANTS**

Proposed       Actual

Contractor Name and Address	Date Submitted	County(ies) of Project	Contract Numbers TA No. _____ D No. _____	
Description of Project	D/M/WBE (participation goal) D/M _____ % - \$ _____ W _____ % - \$ _____		Scheduled D/M/WBE Goal D/M _____ % - \$ _____ W _____ % - \$ _____	
	Consultant's Federal ID No.	Total Estimated Cost of Project \$ _____	Max. Payable on Project \$ _____	
List all Subconsultant Firms		D/M/WBE Certification Status (Check all that apply)	Work to be Done Services to be Provided	Agreement Dollar Value Proposed or Actual
Name _____ Address _____ Phone No. (    )    -    Federal ID No. _____		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$ _____
Name _____ Address _____ Phone No. (    )    -    Federal ID No. _____		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$ _____
Name _____ Address _____ Phone No. (    )    -    Federal ID No. _____		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$ _____
Name _____ Address _____ Phone No. (    )    -    Federal ID No. _____		<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$ _____
Prepared by: _____ Signature			(    )    -    _____ Telephone No.	Sub Total From Page 2    \$ _____
_____ Title			_____ Date	Grand Total    \$ _____

Instructions: *Prepare in duplicate - send a copy to the Compliance Unit (address above) and to Department of Engineering Services.*  
To search for an M/W/BE certified company, go to the Internet at: [www.empire.state.ny.us/Small\\_and\\_Growing\\_Businesses/mwbe.asp](http://www.empire.state.ny.us/Small_and_Growing_Businesses/mwbe.asp)  
To search for the DBE registry go to the Internet at: [www.dot.state.ny.us/oeodc/registry.html](http://www.dot.state.ny.us/oeodc/registry.html)

### Utilization Plan for All Subcontractors

List all Subconsultant Firms	D/M/WBE Certification Status (Check all that apply)	Work to be Done Services to be Provided	Agreement Dollar Value Proposed or Actual
Name _____ Address _____ Phone No. (     )     -     Federal ID No.	<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$
Name _____ Address _____ Phone No. (     )     -     Federal ID No.	<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$
Name _____ Address _____ Phone No. (     )     -     Federal ID No.	<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$
Name _____ Address _____ Phone No. (     )     -     Federal ID No.	<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$
Name _____ Address _____ Phone No. (     )     -     Federal ID No.	<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$
Name _____ Address _____ Phone No. (     )     -     Federal ID No.	<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE		\$
Compliance Unit Comments:			Sub Total \$