

Email completed form to the Office of Compliance at Compliance@thruway.ny.gov or mail to P.O. Box 189, Albany, NY 12201-0189

INSTRUCTIONS: This form must be submitted by the consultant to identify all certified DBEs/MWBEs/SDVOBs and all other Non-certified subconsultant's. Complete and accurate forms must be submitted within 10 days following execution of the agreement to Compliance@thruway.nv.gov.

Modified Plan _____(Check if modified)

Compliance@thruway.ny.gov.								(Che	ck if modified)
Consultant Name and Address	Contract Number			Contract Goals		Contract Value 💲			
					MBE	% - \$	SDVOB		
	ı	D. No				= % - \$			
A. List all DBE/MWBE/SDVOB SUBCONSULTANTS Name, address, phone number and email address for each subconsultant. (Check appropriate box if Firm is a certified DBE/ MWBE/SDVOB.)			tification/ gnations	C. Estimat Start/End [ted	D. Items of Work, Services or Supplies to be Provided			60% Supplier or Broker Credit reement Amount
	MBE		Supplier @ 60%						
	WBE		Broker (Fee Only)	Start Dat	:e		\$	\$	T
Subconsultant/Supplier To:	DBE		SDVOB	End Date	e		Submission:		
	MBE		Supplier @ 60%						
	WBE		Broker (Fee Only)	Start Dat	ie		\$	\$	1
Subconsultant/Supplier To:	DBE		SDVOB	End Date			Submission:		
	MBE		Supplier @ 60%						
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Subconsultant/Supplier To:	DBE		SDVOB	End Date	e		Submission:		
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	WBE		Broker (Fee Only)	Start Dat	:e		\$	\$	
Subconsultant/Supplier To:	DBE		SDVOB	End Date	 e		Submission:		
Prepared by:						MBE Sub Total \$	5		%
Preparer's Name (Print)	() - Phone No.			WBE Sub Total \$	5		%
						DBE Sub Total \$	5		%
			Email Address			CDVOR Cub Tatal			0/
						SDVOB Sub Total \$	•		%
Preparer's Signature			Date Submitted			Grand Total s	5		
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Chief Compliance Officer Signat	ture						Date		Modification Approved Conditionally Approved

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Subconsultant/Supplier To:	DBE	SDVOB	End Date		Submission:	_	
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Subconsultant/Supplier To:	DBE	SDVOB	End Date		Submission:		
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Subconsultant/Supplier To:	DBE	SDVOB	End Date		Submission:		
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Chief Compliance Officer Sigr	nature		_		 Date		Conditionally Approved

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