

Email completed form to the Bureau of Purchasing at MWBEProcurement@thruway.ny.gov or mail to 200 Southern Blvd., Albany, NY 12209

INSTRUCTIONS: This form must be submitted by the contractor to identify all certified MWBEs a must be submitted within 10 business days of the notice of tentative contract award to MWBEP					and SDVOBs. Complete and accurate forms Procurement@thruway.ny.gov			Modified Plan (Check if modified)	
Contractor Name and Address		Proposal No.		Contract Goals			Contract Value		
				МВЕ	% - \$				
		IFB/RFP/Cont	ract No.	WBE	% - \$		\$		
				SDVOB% - \$					
A. List all Firms (Subcontractors and Suppliers) Name, address, phone number and email address for each Firm. (Check appropriate box if Firm is a certified MWBE or SDVOB.)		ertifications/ esignations	C. Estimat Start/End D		ems of Work, Services upplies to be Provided	E. Agreement Amount	E	0% Supplier or roker Credit ement Amount	
	МВЕ [Supplier @ 60%							
	WBE [Broker (Fee Only)	Start Date	e		\$	\$		
Subcontractor/Supplier To:	SDVOB	\$	End Date	<u> </u>		Submission:			
	МВЕ [Supplier @ 60%							
	WBE [Broker (Fee Only)	Start Date	<u>e</u>		\$	\$		
Subcontractor/Supplier To:	SDVOB	\$	End Date	_		Submission:			
одостический воррию то	МВЕ [Supplier @ 60%	Lind Bate						
	WBE [Broker (Fee Only)	Start Date	e		\$	\$		
		\$				Submission:			
Subcontractor/Supplier To:	SDVOB MBE	Supplier @ 60%	End Date	<u> </u>		Submission.			
		Broker (Fee Only)	Start Date	<u> </u>		\$	\$		
	SDVOB	\$	End Date	_		Submission:			
Subcontractor/Supplier To: Prepared by:			End Date	!		Submission.			
Trepured by:	() -			MBE Sub Total	\$		%	
Preparer's Name (Print)		Phone No.			WBE Sub Total s	\$		%	
		Email Address							
					SDVOB Sub Total	\$ 		%	
Preparer's Signature		Date Submitted	<u> </u>		Grand Total \$	5			
		COMPLIANCE U	NIT USE O	NLY:				Approved	
								Modification Approved	
Chief Compliance Officer S	ignature					Date		Conditionally Approved	

IFB/RFP/Contract No. _____

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Subcontractor/Supplier To:	\$	End Date		Submission:		
COMPLIANCE UNIT USE ONLY:						Approved
						☐ Modification Approved
Chief Compliance Officer Sign	nature			 Date		Conditionally Approved

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Subcontractor/Supplier To:	\$	End Date		Submission:		
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Chief Compliance Officer Signature Date						Conditionally Approved

IFB,	/RFP	P/Contract No.	
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