

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN

<u>CONTRACTOR</u>			<u>CONTRACT</u>	
NAME:			PROJECT NAME:	
ADDRESS:			CONTRACT DESCRIPTION:	
CONTACT PERSON:				
PHONE:				

PROJECTED MBE/WBE CONTRACT SUMMARY

MINORITY BUSINESS ENTERPRISE

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT: \$ _____

CONTRACT MBE PERCENTAGE GOAL: _____ %

MBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT: \$ _____

TOTAL MBE DOLLAR AMOUNT PROJECTED: \$ _____

MBE DOLLAR AMOUNT UNABLE TO MEET: \$ _____

WOMEN BUSINESS ENTERPRISE

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT: \$ _____

CONTRACT WBE PERCENTAGE GOAL: _____ %

WBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT: \$ _____

TOTAL WBE DOLLAR AMOUNT PROJECTED: \$ _____

WBE DOLLAR AMOUNT UNABLE TO MEET: \$ _____

Contractor Utilization Plan Checklist

Utilization Plan: Please be specific and provide detail of the work being performed by M/WBEs
 Letters of Intent: Signed form must be submitted for each M/WBE scheduled to participate.

DEI/MWBE USE ONLY

Plan Approved: _____ Plan Disapproved: _____

By: _____
 M/WBE Requirements

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)

SECTION I-MBE PARTICIPATION

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION	
NAME:		Provide 24 pre-employment/ employment workshops to 720 participants in Year 1	CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)

SECTION II-WBE PARTICIPATION

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION	
NAME:		Provide Mental Health First Aid Training to 420 participants in Year 1	CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				

MINORITY AND WOMEN'S BUSINESS ENTERPRISE
LETTER OF INTENT

PROJECT: Transformational Community Care Coordination (TC3)
TO: Finger Lakes Performing Provider System, Inc. (FLPPS)
(Name of Bidder)

The undersigned intends to perform work in connection with the above project as (Check one choice on each side):

X _____ Minority _____ Woman

The undersigned M/WBE is prepared to perform the following described work in connection with the above project:

Provide pre-employment skills training (professionalism, interviewing, etc) to
approximately 720 persons in year 1 through 24 workshops (2,880 over 4 years)

at the following price: \$96,000 in year 1 (estimated \$384,000 over 4 yrs)

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

Projected Start Date: 1/1/23

Completion Date: 12/31/26

With respect to the proposed subcontract described above, 0 % of the dollar value of such subcontract will be sublet and/or awarded to non-M/WBE contractors or non-M/WBE suppliers. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the County of Monroe.

7/21/22
Date

AVS Consulting Strategies

Name of M/WBE Contractor

Annemarie Sheppard
Authorized Signature

MINORITY AND WOMEN'S BUSINESS ENTERPRISE
LETTER OF INTENT

PROJECT: _____

TO: _____
(Name of Bidder)

The undersigned intends to perform work in connection with the above project as (Check one choice on each side):

_____ Minority _____ Woman

The undersigned M/WBE is prepared to perform the following described work in connection with the above project:

at the following price: _____

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

Projected Start Date: _____

Completion Date: _____

With respect to the proposed subcontract described above, _____% of the dollar value of such subcontract will be sublet and/or awarded to non-M/WBE contractors or non-M/WBE suppliers. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the County of Monroe.

Date

Name of M/WBE Contractor
Megan Clifford LCSW-r

Authorized Signature