

The YMCA of Greater Rochester is the proposed sub-recipient of all of the applied for ARPA Funds. No funds are slated to be allocated to outside contractors. Any food supply purchases would be completed via Foodlink, Inc.

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

Not applicable, no additional firms to receive funding.

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

SECTION I-MBE PARTICIPATION

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION	
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:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				

Not applicable, no additional firms to receive funding.

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

SECTION II-WBE PARTICIPATION

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION	
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:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				

Not applicable, no additional firms to receive funding.

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

Authorized Signature