

**Exhibit 1
M/WBE UTILIZATION PLAN**

June 2013

Page: _____ of _____

1. Offeror/Contractor Name:		4. Telephone :		8. Contract No.		11. Contract Goals: MBE: ____% WBE: ____%	
		5. Email Address:		9. Total Contract Value: \$			
2. Address:		6. Federal ID:		10. Contract Description:		12. Adjusted Goals: MBE: ____% WBE: ____%	
3. City, State, Zip:		7. SFS Vendor ID:					
13. MWBE Subcontractor. (attach sheets as necessary)		14. Classification.		15. Description of Work/Supplies		16. Annual Value Dollar Value of Subcontracts/Supplies/Services	
Name:		MBE <input type="checkbox"/>		<input type="checkbox"/> Direct (Spending directly fulfilling contract obligations.)		\$ _____	
Address:		WBE <input type="checkbox"/>		Description:			
City/State/Zip:				Dual <input type="checkbox"/>		<input type="checkbox"/> Indirect (Spending in support of company operations.)	
Telephone:		Description:					
Email Address:		Fed. ID. NO:		SFS Vendor ID:			
Name:		MBE <input type="checkbox"/>		<input type="checkbox"/> Direct (Spending directly fulfilling contract obligations.)		\$ _____	
Address:		WBE <input type="checkbox"/>		Description:			
City/State/Zip:				Dual <input type="checkbox"/>		<input type="checkbox"/> Indirect (Spending in support of company operations.)	
Telephone:		Description:					
Email Address:		Fed. ID. NO:		SFS Vendor ID:		Total M/WBE Expenditures: \$	
FOR AUTHORIZED USE ONLY							
Utilization Plan Approved: <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____				<input type="checkbox"/> VENDOR CERTIFICATION: I hereby affirm that the information supplied in this utilization plan is true and correct. <small>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.</small>			
Notice of Deficiency Issued: <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____							
Notice of Acceptance Issued: <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____							
Reviewed By: _____ Date: _____							
Comment(s): _____				Signature: _____ Print Name: _____			
				Title: _____ Date: _____			