OCFS-4631 (Rev 4/2003)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

SUBCONTRACTING UTILIZATION FORM

To Be Completed by Contractor

Contractor Name:	**Contact Person:**
Address:	**Telephone No:**

Project Name/RFP Title: **Contract Amount:**

Project Location:

Description of Goods/Services/Supplies to be Provided:

Subcontracting/Purchasing with Majority Vendors:
(Enter anticipated total % of dollar amount to be spent with majority vendors (non-minority)

Participation Goals Anticipated:
(Enter anticipated total % of dollar amount to be spent with identified MBEs and/or WBEs at the start of the Contract)

Participation Goals Achieved:
(Enter actual total % of dollar amount to be spent with identified MBEs and/or WBEs at the close of the Contract)

List of Subcontractors/Suppliers:

Firm Name and Address	Description of Services/Supplies	Amount	Date of Subcontract	Identify whether MBE or WBE and if NYS Certified.
				☐ MBE ☐ WBE ☐ NYS Certified
				☐ MBE ☐ WBE ☐ NYS Certified
				☐ MBE ☐ WBE ☐ NYS Certified

Contractors Agreement:
My firm proposes to use the M/WBEs listed above.

(Signature of Contractor) (Printed Name) (Date)

To be Completed by OCFS Contract Manager

OCFS Contract Manager:	**Telephone:**
Contract Number:	**Contract Amount:**

Date of Bid: (date RFP submitted)	**Date Let:** (date RFP awarded contract)	**Completion Date:** (Contract end date)

Reviewed By: _____	**FOR EODD USE ONLY** **Date:** _____	**M/WBE Firms:** ☐ **Certified** ☐ **Not Certified**