

Exhibit 4

CONTRACTOR'S MWBE UTILIZATION PLAN

ALBANY CONVENTION CENTER AUTHORITY
384-386 BROADWAY
ALBANY, NEW YORK 12207
ATTN: AFFIRMATIVE ACTION COMPLIANCE OFFICER

CONTRACTOR IDENTIFICATION

Firm _____
Address _____
City _____ State, Zip _____

PROJECT IDENTIFICATION

Project _____ Contract Amount \$ _____
Address _____ Contract Number _____
Address _____ Project Term _____ Mo.
Address _____ Authority Goal: MBE _____ %
Authority Goal: WBE _____ %

Work Description _____

1. List previous Albany Convention Center Work performed by your Firm:

Project _____ Contract Amount \$ _____
MBE Utilization: \$ _____ WBE Utilization: \$ _____
MBE Utilization: \$ _____ WBE Utilization: \$ _____

2. Do you intend to subcontract any Work on this Project:

[] NO [] YES If YES, provide the information below and complete item (4A):
Amount (\$) _____ -or - Range: From (\$) _____ to (\$) _____

3. Do you intend to purchase supplies, materials, equipment, vendor or professional services in connection with the Project?

[] NO [] YES If YES, provide the information below and complete Item (4B):
Amount (\$) _____ -or - Range: From (\$) _____ to (\$) _____

4. Schedule of proposed subcontract work and purchase activity.

Table with 2 columns: (A) SUBCONTRACT WORK: Trade and Amount and (B) PURCHASE ACTIVITY: Description and Amount. Includes multiple rows for listing work and amounts.

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5. List all subcontractors and suppliers that you intend to use on the Contract and indicate which ones are certified M/WBEs.

Firm Name _____ Service/Product Provided: Award \$ _____

Address _____

Address _____ MBE _____ WBE _____

Firm Name _____ Service/Product Provided: Award \$ _____

Address _____

Address _____ MBE _____ WBE _____

Firm Name _____ Service/Product Provided: Award \$ _____

Address _____

Address _____ MBE _____ WBE _____

Firm Name _____ Service/Product Provided: Award \$ _____

Address _____

Address _____ MBE _____ WBE _____

6. Complete the Minority - and Women Owned Business Goal Tabulation Schedule below for your Firm using either dollar amounts or a percentage of your Contract.

GOAL AWARD CATEGORY	MBE GOAL	WBE GOAL	DOLLARS or PERCENT	
Subcontract Work	_____	_____	(\$) _____	(%) _____
Purchase Activity	_____	_____	(\$) _____	(%) _____
Total Goal	_____	_____	(\$) _____	(%) _____

7. The space below is provided for comments that your Firm may have regarding the utilization of Minority- and/or Women-Owned Businesses in the Work of your Contract.

Principal or Officer:

Type Name of Principal or Officer

Type Title of Principal or Officer

Signature of Principal or Officer

Date

Do not write below the line above

Approved: _____ Date: _____
Affirmative Action Compliance Officer