Professional:	Name of Firm
	Address
	City, State, Zip
	Attention: Contact Name
	Email: Contact Email

TERMS AND CONDITIONS:
Services shall be rendered in accordance with the terms and conditions specified in Contract 123456.

The MBE/WBE/SDVOB goals for this contract are 18% MBE,12% WBE and 3% SDVOB and are applicable to the entire value of the contract. A completed Utilization Plan listing <u>all</u> sub consultants must be submitted thru the NYS Contract System regardless of the dollar value of the work authorization. A searchable directory of certified M/WBE firms is available at https://ny.newnycontracts.com and a directory of certified SDVOB firms is available at http://www.ogs.ny.gov/Core/SDVOBA.asp. Only those firms certified M/WBE by NYS and perform commercially useful functions may be counted toward M/WBE utilization.

When the plan is ready for your completion, you will receive an email from the NYS Contract System. After you receive the utilization plan approval by DASNY, a printed copy of the approved plan along with the original signed & notarized Utilization Plan Cover Sheet must be mailed to:

PROJECT DESCRIPTION:
Name of Project (Project # / CR#)

SCOPE OF SERVICES:
In accordance with Term Contract 123456, the Professional and it's subconsultants shall provide:

Scope of Services TBD

PROVISIONS FOR PAYMENT:
The Owner shall pay, and the Professional agrees to accept, as compensation for the Professional's Required Services, the following amounts at the successful submission of each deliverable of the Professional's Required Services:

Deliverable	Dollar Amount	
Reimbursables	$1,000.00	AE
Total	**$1,000.00**	**NTE**

AE = Actual Expense   LS = Lump Sum   NTE = Not to Exceed

COMPLETION DATE:
The Professional Services described in this Work Authorization will be completed on_____.

Dormitory Authority – State of New York

Approved: _____   Date: _____
Authorized Officer
Dormitory Authority of the State of New York

Attachment
/INITIALS