STATE OF NEW YORK **DEPARTMENT OF STATE**

ONE COMMERCE PLAZA 99 WASHINGTON AVENUE ALBANY, NY 12231-0001 WWW.DOS.NY.GOV ANDREW M. CUOMO GOVERNOR ROSSANA ROSADO SECRETARY OF STATE

MWBE COMPLIANCE CERTIFICATION LETTER (FORM D-1)

I, [name and title]	,
a duly authorized representative of [Applicant name]	
(hereinafter, "Applicant"), acknowledge by my signat	ture below that Applicant is committed to show
due-diligence and to comply with the established MV	WBE goals and requirements set forth in RFA
No (hereinafter, the "	'RFA") with the NYS Department of State (DOS).
Applicant understands that submitting an MWBE Uti	lization Plan will be a requirement if awarded the
Contract. As hereby authorized and directed by DO	S, Applicant acknowledges and agrees that,
following contract execution, it shall submit an MWB	E Utilization Plan for the Contract within two
weeks following the selection of any vendor or subco	ontractor for the provision of MWBE-applicable
purchases or contractual services to be undertaken	in furtherance of the Contract, and that such
MWBE Utilization Plan shall be submitted through th	ne New York State Contract System ("NYSCS"),
which can be viewed at https://ny.newnycontracts.co	om. The Contractor shall be required to adhere
to any such MWBE Utilization Plan in the performan	ce of the Contract, and a failure to so submit
and/or adhere to such MWBE Utilization Plan shall of	constitute a material breach of the terms of the
Contract. It is further acknowledged and agreed tha	t this document shall not under any
circumstances be construed as constituting a waiver	or release, in whole or in part, of any provision
of the RFA or Contract or of any rights, obligations o	r remedies that may be available to DOS or
Contractor.	
Date:	Name:
	Title:
	Contact Information:

