



# Office of General Services

# Office of Minority and Women-Owned Business Enterprises

## Design and Construction

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Minority and Women-Owned Business Enterprises, 29<sup>th</sup> Floor, Corning Tower  
The Governor Nelson A. Rockefeller Empire State Plaza  
Albany, New York 12242

Phone: (518) 486-9284

FAX: (518) 486-9285

## CONTRACTOR'S MWBE UTILIZATION PLAN

☐ Revised Plan

Contract No.: **47118-H**

REMINDER: Utilize the New York State Contract System located at <https://ny.newnycontracts.com/Default.asp?TN=ny&XID=8353> to report MWBE payments on a monthly basis. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization.

|                                                                                                                              |                                                      |  |                         |                   |                               |            |           |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|-------------------------|-------------------|-------------------------------|------------|-----------|
| Contractor's Name, Address and Federal ID No.:<br><b>Betlem Service Corporation</b><br><br>Federal ID No.: <b>16-0878073</b> | Contract Description/Location:<br><b>47118-H JOC</b> |  | Date Proposal Approved: | Date Printed:     | Bid Date:<br><b>7/28/2021</b> | MWBE GOALS |           |
|                                                                                                                              | Work/Job Order:                                      |  | OGS Project Number:     | Work Order Value: | Contract Amount:              | MBE%       | WBE%      |
|                                                                                                                              |                                                      |  |                         |                   |                               | <b>15</b>  | <b>15</b> |

| Certified MBE/WBE Name, Address and Phone No.                                                                                                                  | MBE                      | WBE                                 | Description of Subcontracting/Supplies | Anticipated performance/purchase date(s) | Dollar Value of Subcontract/Supplies | FOR OGS USE ONLY | SEE BDC 328.1            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|----------------------------------------|------------------------------------------|--------------------------------------|------------------|--------------------------|
| <b>COLD WATER INSULATION</b><br>41 W. Main St., Ste 5, Honeoye Falls, NY 14472<br>(585) 247-9020, Murray Elizabeth Hooper,<br>Federal ID No.: <b>16-140133</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mechanical Insulation                  |                                          |                                      |                  | <input type="checkbox"/> |
| <b>Brown Electric, Inc</b><br>6421 Campbell Blvd., Lockport NY, 14094<br>(716) 694-7622 Sharon K. Brown, President/Owner<br>Federal ID No.: <b>16-1154599</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Electrical                             |                                          |                                      |                  | <input type="checkbox"/> |
| <b>ABR Wholesalers, Inc.</b><br>510 North Goodman St. Rochester, NY 14609<br>585-482-3601 Jody McGarry, CEO<br>Federal ID No.: <b>16-0918233</b>               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vendor                                 |                                          |                                      |                  | <input type="checkbox"/> |
| <b>Mechanical Testing, Inc.</b><br>4 Chelsea Place Clifton Park, NY 12065<br>518-450-7292 Eileen Venn, Owner<br>Federal ID No.: <b>14-1498182</b>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mechanical Testing and Balancing       |                                          |                                      |                  | <input type="checkbox"/> |

|                                                                                                                                |                           |                                                                                                                                                                                                                              |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Pursuant to Executive Law Article 15-A, my firm will engage in a good faith effort to achieve the MWBE goals on this contract. |                           | Contractor's Comments:                                                                                                                                                                                                       |                                                                    |
| Contractor's Signature:<br>                                                                                                    |                           | <b>FOR OGS USE ONLY</b><br><input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued<br>MBE % _____ MBE \$ _____ WBE % _____ WBE \$ _____ |                                                                    |
| Enter Name:<br><b>William Coe</b>                                                                                              |                           |                                                                                                                                                                                                                              |                                                                    |
| Title:<br><b>Director of Project Development</b>                                                                               |                           |                                                                                                                                                                                                                              |                                                                    |
| E-Mail Address:<br><b>wcoe@emcorbetlem.com</b>                                                                                 | Date:<br><b>7/30/2021</b> | OGS Authorized Signature:<br>                                                                                                                                                                                                | Enter Name:<br><b>Mariam Mehanna</b><br>Date:<br><b>08/10/2021</b> |



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|                                                                                      |                                                      |  |                         |                   |                               |            |           |
|--------------------------------------------------------------------------------------|------------------------------------------------------|--|-------------------------|-------------------|-------------------------------|------------|-----------|
| Contractor's Name, Address and Federal ID No.:<br><b>Bethlem Service Corporation</b> | Contract Description/Location:<br><b>47118-H JOC</b> |  | Date Proposal Approved: | Date Printed:     | Bid Date:<br><b>7/28/2021</b> | MWBE GOALS |           |
|                                                                                      |                                                      |  |                         |                   |                               | MBE%       | WBE%      |
| Federal ID No.: <b>16-0878073</b>                                                    | Work/Job Order:                                      |  | OQS Project Number:     | Work Order Value: | Contract Amount:              | <b>15</b>  | <b>15</b> |

| Certified MBE/WBE Name, Address and Phone No.                                                                                              | MBE                                 | WBE                      | Description of Subcontracting/Supplies               | Anticipated performance/purchase date(s) | Dollar Value of Subcontract/Supplies | FOR OGS USE ONLY | SEE BDC 328.1                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|------------------------------------------------------|------------------------------------------|--------------------------------------|------------------|-------------------------------------|
| <b>Robert F. Hyland &amp; Sons, LLC</b><br>277 North Winton Road, Rochester, NY 14610<br>585.244.2077<br>Federal ID No.: <b>26-4589126</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>General Construction</b>                          |                                          |                                      |                  | <input checked="" type="checkbox"/> |
| <b>MGM Insulation, Inc</b><br>3 Sherer Street Rochester, NY 14611<br>585-254-6210<br>Federal ID No.: <b>16-1458678</b>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Mechanical Insulation, Fireproofing, painting</b> |                                          |                                      |                  | <input type="checkbox"/>            |
| <b>JHP Industrial Supply Co</b><br>321 West Taylor Street Syracuse, NY 13202<br>(315) 422-0050<br>Federal ID No.: <b>16-1161590</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Vendor</b>                                        |                                          |                                      |                  | <input type="checkbox"/>            |
| <b>John A. Greene DBA Unified Electric</b><br>2562 Culver Rd, Rochester, NY 14609<br>585-290-8689<br>Federal ID No.: <b>20-1601084</b>     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Electrical</b>                                    |                                          |                                      |                  | <input type="checkbox"/>            |

|                                                                                                                                |                           |                                                                                                                                                                                                                              |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Pursuant to Executive Law Article 15-A, my firm will engage in a good faith effort to achieve the MWBE goals on this contract. |                           | Contractor's Comments:                                                                                                                                                                                                       |                                                                    |
| Contractor's Signature:<br>                                                                                                    |                           | <b>FOR OGS USE ONLY</b><br><input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued<br>MBE % _____ MBE \$ _____ WBE % _____ WBE \$ _____ |                                                                    |
| Enter Name:<br><b>William Coe</b>                                                                                              |                           |                                                                                                                                                                                                                              |                                                                    |
| Title:<br><b>Director of Project Development</b>                                                                               |                           |                                                                                                                                                                                                                              |                                                                    |
| E-Mail Address:<br><b>wcoe@emcorbethlem.com</b>                                                                                | Date:<br><b>7/30/2021</b> | OQS Authorized Signature:<br>                                                                                                                                                                                                | Enter Name:<br><b>Mariam Mehanna</b><br>Date:<br><b>08/10/2021</b> |



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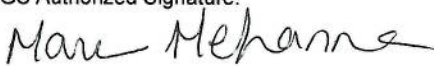
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**CONTRACTOR'S MWBE UTILIZATION PLAN COMMENTS**

Contract No.: **47118H**

|                                                                                                                                                                 |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Contractor's Name, Address and Federal ID No.:</b><br><b>The Betlem Service Corporation</b><br><b>704 Clinton Avenue South</b><br><b>Rochester, NY 14620</b> | <b>Contract Description: (Project Title, Facility Name and Address)</b><br><b>Job Order Contracting - Area 8</b> |
| <b>Federal ID No.: 16-0878073</b>                                                                                                                               |                                                                                                                  |

|                                                                                                                                                                                             |                                             |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|
| <b>OGS Comments:</b><br><b>Robert F. Hyland is no longer NYS certified MBE. Therefore, they cannot be counted for credit towards your 30% MWBE Goals. Please secure another M/WBE firm.</b> |                                             |                                   |
| <b>OGS Authorized Signature:</b><br>                                                                     | <b>Enter Name:</b><br><b>Mariam Mehanna</b> | <b>Date:</b><br><b>08/10/2021</b> |