

ATTACHMENT 5

M/WBE UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror's Name: Matthew Manfredi
 Address: 635 W. Broadway
 City, State, Zip Code: White Plains, NY

Federal Identification Number: 13-199-4315
 Solicitation Number: HIRE IFB #22872
 Telephone Number: 914-949-0512

Region/Location of Work:

M/WBE Goals in the Contract: MBE 10% WBE 10%

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts / Supplies/Services and intended performance dates of each component of the contract.
A. The Cara Equipment + Supply Co. DBA Cara Medical 739 Englewood Ave. Buffalo, NY mtabin@cara-medical.com 14223 800-772-2272	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	161383845	Reseller	TBD
B. CG Industrial Safety 1213 Sparrow Place Peekskill, NY CGIndust@aol.com 10566 800-717-7233	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	133806428	Reseller	TBD
PREPARED BY: Signature: <u>[Signature]</u>			FOR AGENCY USE ONLY REVIEWED BY: <u>[Signature]</u>	
			DATE: <u>4/15/15</u>	

*Both companies listed above are WBE's. We have not located an MBE at this time who can provide a mutually beneficial partnership. We will continue to keep you update if such a partnership were to present itself.

<p>DATE: 1/14/14</p> <p>TELEPHONE NO: 914-949-0512</p> <p>EMAIL ADDRESS: mattm@aaaemergency.com</p> <p>NAME AND TITLE OF PREPARER (Print or Type): Matthew S. Manfredi, President</p> <p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION.</p>	<p>UTILIZATION PLAN APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date:</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>NOTICE OF DEFICIENCY ISSUED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: 1/14/15</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: 1/15/15</p> <p>Acceptance with Notice.</p>
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