

**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: **AARDVARK**

Federal Identification Number: **95-4451904**

Address: **1935 Puddingstone Dr.**

Solicitation Number: **HIRE IFB #22872**

City, State, Zip Code: **La Verne, CA 91750**

Telephone Number: **(909)451-6102**

Region/Location of Work:

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

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. <b>A.C. Construction and Racing LLC</b>  <b>N/A</b>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		<b>Shipping</b>	<b>\$ 1000.00</b>
B. <b>ADI Acorn Development Inc.</b>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		<b>Shipping</b>	<b>\$ 1000.00</b>
<b>PREPARED BY: Matt Lauer</b>  Signature: <u>          <i>M. Lauer</i>          </u>			<b>FOR AGENCY USE ONLY</b> REVIEWED BY: <u>          <i>[Signature]</i>          </u> DATE: <u>          1/27/15          </u>	

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A. <b>Barber Marketing Inc.</b>  <b>N/A</b>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		<b>Shipping</b>	<b>\$ 1000.00</b>
B. <b>Baseline Supply LLC</b>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		<b>Shipping</b>	<b>\$ 1000.00</b>
PREPARED BY: <b>Matt Lauer</b> Signature: <u><b>M Lauer</b></u>			<b>FOR AGENCY USE ONLY</b> REVIEWED BY: <u><b>[Signature]</b></u> DATE: <b>1/27/15</b>	

DATE: 1/22/15

TELEPHONE NO: (909) 451-6102

EMAIL ADDRESS: mlauer@integratedbyardvark.com

NAME AND TITLE OF PREPARER (Print or Type): Matt Lauer  
Account Manager

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.

UTILIZATION PLAN APPROVED:  YES  NO Date:

Contract No:

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

NOTICE OF DEFICIENCY ISSUED:  YES  NO Date: 1/15/15

NOTICE OF ACCEPTANCE ISSUED:  YES  NO Date: 1/27/15

with Notice