

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: Aramsco, Inc

Federal Identification Number: 84-1674268

Address: 1480 Grandview Ave, PO Box 29

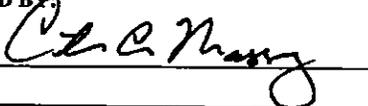
Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Thorofare, NJ 08086

Telephone Number: 856-686-7753

Region/Location of Work: NJ, NY

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. Contracting Supply Solutions	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	27-1028022	CSS will be involved during orders for Aramsco's Shieldtech Product line	Value to be determined upon demand
B. Getgo Messenger Services, Inc	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	11-3452030	Getgo Messenger will be utilized for local deliveries in the 5 NYC boroughs when practical	Value to be determined upon demand
PREPARED BY: Signature: 			FOR AGENCY USE ONLY	
			REVIEWED BY: 	DATE: 1/22/15

Unable to find additional M/WBE's Aramsco could utilize to meet the goals outlined in Solicitation Number HIRE IFB#22872. Please see copies included of all M/WBE's contacted.

DATE: Dec 1, 2014

TELEPHONE NO: 856-686-7700

EMAIL ADDRESS: dmcquade@aramsco.com

NAME AND TITLE OF PREPARER (Print or Type):

Curtis A Massey

CFO, Secretary & Treasurer

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: _____

NOTICE OF ACCEPTANCE ISSUED: YES NO Date: 1/22/15