

**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: Argus Group Holdings, LLC

Federal Identification Number: 45-5282127

Address: 46400 Continental Drive

Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Chesterfield, MI 48047

Telephone Number: 586-840-3200

Region/Location of Work: US

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. Stag Enterprises P.O. Box 4457 Canton, GA 30114 cathie@stagenterprises.com 770-720-8888	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	58-2036088	Will supply all tape, packing and packing list holders for all HIRE shipments.	TBD
B. Christine Chancey Preferred Packaging Plus, Inc. 49 Franklin St. Northport, NY 11768-3058	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	11-3042994	Will supply all shipping boxes for all HIRE shipments.	TBD
PREPARED BY: 			FOR AGENCY USE ONLY	
Signature: <u>Marc Williams</u>			REVIEWED BY: 	DATE: 3/27/25

DATE: 11-28-14

TELEPHONE NO: 586-640-3200

EMAIL ADDRESS: mwilliamson@argus-hazco.com

NAME AND TITLE OF PREPARER (Print or Type):

Branch Operations 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: 2/25/15

NOTICE OF ACCEPTANCE ISSUED:  YES  NO Date: 3/30/15