

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: Atlantic Diving Supply, Inc. (ADS, Inc.)

Federal Identification Number: 54-1867268

Address: 621 Lynnhaven Parkway, Suite 400

Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Virginia Beach, VA 23452

Telephone Number: 888-843-3012

Region/Location of Work: Various

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. Medex Imaging Inc. 4016 Atlantic Avenue Brooklyn, NY 11224 medeximaginginc@yahoo.com 718-266-0747	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE		Supplier of imaging systems and x-ray machines	TDB
B. YR Blanc & Co. 191 North Street, Suite 205 Buffalo, NY 14201 716-319-8979 yrblanc@yahoo.com	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE		Wholesaler of Medical Supplies	TDB
PREPARED BY: Eddie Las Marias Signature: 			FOR AGENCY USE ONLY	
			REVIEWED BY: 	DATE: 2/11/15

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: Atlantic Diving Supply, Inc. (ADS, Inc.)

Federal Identification Number: 54-1867268

Address: 621 Lynnhaven Parkway, Suite 400

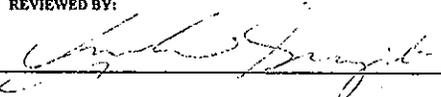
Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Virginia Beach, VA 23452

Telephone Number: 888-843-3012

Region/Location of Work: Various

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. MDS Associates, Inc 61 Innsbruck Drive Cheektowaga, NY 14227 sstec@mdassociates.com 716-668-4001	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		Distributor of protective workclothing	TBD
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
PREPARED BY: Eddie Las Marias			FOR AGENCY USE ONLY	
Signature: 			REVIEWED BY: 	DATE: 2/17/15

DATE: 02-13-2015

TELEPHONE NO: 757-351-1266

EMAIL ADDRESS: elasmarias@adsinc.com

NAME AND TITLE OF PREPARER (Print or Type): Eddie Las Marias
Regional 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: 11/28/15

NOTICE OF ACCEPTANCE ISSUED: YES NO Date: 2/17/15