



**Office of
General Services**

**Office of Minority and Women-Owned
Businesses & Community Relations**

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned
Businesses & Community Relations
29th Floor, Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: 518-486-9284

Fax: 518-486-9285

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # 22918

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Minority and Women-owned Business Enterprise (MWBE) under the contract. By submission of this Plan, the Bidder/Contractor commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		MWBE Goals in Contract
Bidder/Contractor Name: BEJIAN CENTURY SUPPLY, DBA JOHNSTONE SUPPLY	NYS Vendor ID: 1000006827	MBE X % <u>10</u>
Bidder/Contractor Address: 2600 6 TH AVE TROY NY 12180		WBE X % <u>10</u>

Bidder/Contractor Telephone Number: 518272-5922 Contract Work Location/Region: STATEWIDE

Contract Description/Title: INDUSTRIAL & COMMERCIAL SUPPLIES AND EQUIPMENT

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>George H. Bejian</i>	Name and Title of Preparer: GEORGE H. BEJIAN, PRESIDENT	Telephone Number: 5182725922	Date: 9/9/15
Email Address: GEORGE.BEJIAN@JOHNSTONESUPPLY.COM			

IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)

OGS MWBE Authorized Signature: <i>Anuola Swagzike</i>	<input type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): Anuola Swagzike	MBE %/S <u>20</u>	WBE %/S <u>10</u>	Date: 9/10/15
Comments: <i>As a broker</i>			

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com/FrontEnd/endorSearchPublic.asp?TN=ny&XID=2528>

Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

MWBE Subcontractor/Supplier Name: FM OFFICE EXPRESS	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: STEPHANIE MERRELL	Federal Identification No.: 16-1478699	Telephone No.: 585-238-2880	
Address: 106 DESPATCH DRIVE, EAST ROCHESTER NY 14445	Email Address: SMERRELL@FMOP.COM		

Detailed Description of work to be provided by subcontractor/supplier:
AUTHORIZED RESELLER OF ALL PRODUCTS INCLUDED IN BID SUBMISSION.

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or 20 %

MWBE Subcontractor/Supplier Name: A.I.W.	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: MAURA VESPIE	Federal Identification No.: 59-3685517	Telephone No.: 5184782056 EXT 108	
Address: 7264 PARKER ROAD, BASOM, NY 14013	Email Address: MAURA@AIWONLINE.NET		

Detailed Description of work to be provided by subcontractor/supplier:
AUTHORIZED RESELLER OF ALL PRODUCTS INCLUDED IN BID SUBMISSION.

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or 10 %