



MWBE UTILIZATION PLAN

Contract No.: _____

INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. 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 (MWBE) under the contract. Attach additional sheets if necessary. 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.

| | | | |
|--|--|---|--|
| Contractor's Name, Address and Telephone No. Dival Safety Equipment 1721 Niagara Street Buffalo, NY 14207 | Federal Identification No. 16-1104585 | Contract Description Location (Region) HIRE IFB # 22872 (NEW YORK STATE) | MWBE Goals in Contract MBE 20 % WBE 20 % |
|--|--|---|--|

| Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address | Federal ID. No. | NYS ESD CERTIFIED | | Detailed description of Work (Attach additional sheets if necessary) | Dollar Value of Subcontract/ supplies/ services and intended performance dates of each component of the contract |
|---|-----------------|--------------------------|-------------------------------------|---|--|
| | | MBE | WBE | | |
| Mohawk Ltd. 315-737-7328 One Newell Lane Chadwicks, NY 13319 | 15-068278 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Communication Equipment | TBD |
| Cardiac Life Products 349 West Commercial St., 1400 E. Rochester, NY 14445 585-267-7775 | 16-1666713 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medical Equipment Medical Supplies Safety Devices and Training | TBD |
| Buffalo Concrete 716-332-2900 243 Manhattan Avenue Buffalo, NY 14214 | 16-1472077 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Construction equipment, materials and Supplies. | |

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC 333)

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

| | |
|---|--|
| Prepared By (Signature) | Email Address tdevin@divalsafety.com |
| Name and Title of Preparer (Print or Type) Tim Devin, Corporate Sales Manager | Telephone No. 800.343.1354 Date 2.9.15 |

FOR MWBE USE ONLY

| | | | | |
|---|-----------------------------|---------------------|---------------------------|---------------------------|
| Reviewed By | Date 2/9/15 | | | |
| Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date 2/9/15 | | | |
| Contract No. | Project No. (If applicable) | Contract Award Date | Estimated Completion Date | Contract Amount Obligated |
| Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Comments: | | |
| Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date 2/9/15 | | | |



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| Contractor's Name, Address and Telephone No. Dival Safety Equipment 1721 Niagara Street Buffalo, NY 14207 | | Federal Identification No. 16-1104585 | Contract Description Location (Region) HIRE IFB # 22872 (NEW YORK STATE) | MWBE Goals in Contract MBE 20 % WBE 20 % |
|--|--|--|---|--|

| Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address | Federal ID. No. | NYS ESD CERTIFIED | | Detailed description of Work (Attach additional sheets if necessary) | Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract |
|--|-----------------|--------------------------|-------------------------------------|---|---|
| | | MBE | WBE | | |
| Olympic Glove and Safety Co. 75 Main Avenue Elmwood, NJ 07407 201-794-9320 | 13-5583240 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Personal Protective Equip Safety Equipment Work Gloves | TBD |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | |

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC 333)

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| | |
|---|--|
| Prepared By (Signature) | Email Address tdevin@divalsafety.com |
| Name and Title of Preparer (Print or Type) Tim Devin, Corporate Sales Manager | Telephone No. 800-343-1354 Date 2.9.15 |

FOR MWBE USE ONLY

| | | | | |
|---|-----------------------------|---------------------|---------------------------|---------------------------|
| Reviewed By | Date 2/9/15 | | | |
| Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date 2/9/15 | | | |
| Contract No. | Project No. (If applicable) | Contract Award Date | Estimated Completion Date | Contract Amount Obligated |
| Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Comments: | | |
| Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date 2/9/15 | | | |

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: Dival Safety Equipment

Federal Identification Number: 16-1104585

Address: 1721 Niagara Street

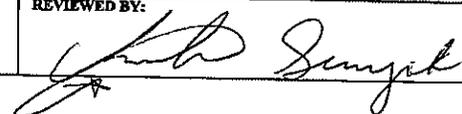
Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Buffalo, NY 14207

Telephone Number: 716.874.9060

Region/Location of Work: United States

M/WBE Goals in the Contract: MBE 20% WBE 20%

| 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. <u>Arbill Safety Products</u> <u>23 Riverdale Avenue</u> <u>Oakdale, NY 11769</u> <u>215-632-2000</u> | NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE | <u>23-1516968</u> | <u>D-2203 Industrial Supplies</u> <u>F-0432 Protective Work Clothing</u> <u>F-0438 Protective Eyewear</u> <u>F-2233 Safety Products</u> <u>G-0306 Gloves</u> <u>F-2200 Safety & Health Training</u> | <u>TBD</u> |
| B. <u>CG Industrial Safety Inc.</u> <u>1213 Sparrow Lane</u> <u>Peekskill, NY 10566</u> | NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE | <u>13-3806428</u> | <u>Environmental, safety</u> <u>and construction</u> <u>products.</u> | <u>TBD</u> |
| PREPARED BY: Signature:  | | | FOR AGENCY USE ONLY REVIEWED BY:  | |
| | | | DATE: <u>2/1/15</u> | |

| | |
|--|--|
| <p>DATE:</p> <p>TELEPHONE NO:</p> <p>EMAIL ADDRESS:</p> <p>NAME AND TITLE OF PREPARER (Print or Type):</p> <p>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.</p> | <p>UTILIZATION PLAN APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>2/9/15</u></p> |
|--|--|