



**MWBE UTILIZATION PLAN**

Contract No.: 22918

**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. F.W. Webb Co 160 Middlesex Trpk Bedford, MA 01730		Federal Identification No. 04-1952890 781-272-6600	Contract Description Location (Region) RFP 22918 Industrial and Commercial Supplies and Equipment (Staten Island)	MWBE Goals in Contract MBE 10 % WBE 10 %
---	--	--	--	--

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		
ICT+T Distributors	02-0502051	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reseller Plumbing/HVAC	TBD
I met w/ Anvols Surgick to review plan. We have contacted all MWBE that showed interest with Participating Vendors.		<input type="checkbox"/>	<input type="checkbox"/>		
We are also surveying our hundreds of vendors to determine existing MWBE Suppliers		<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)**

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) <i>Dean Plouffe</i>	Email Address <u>DEAN@FWWEBB.COM</u>
Name and Title of Preparer (Print or Type) <u>Dean Plouffe Manager of Gov't Sales</u>	Telephone No. <u>617-293-6670</u> Date <u>7/2/15</u>

**FOR MWBE USE ONLY**

Reviewed By <i>[Signature]</i>	Date <u>8/7/15</u>			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>8/10/15</u>			
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Comments: <i>Accepted with notice.</i>		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>8/10/15</u>			