

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: Federal Resources Supply Company

Federal Identification Number: 52-2133636

Address: 235 G Log Canoe Circle

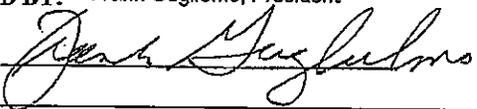
Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Stevensville, Maryland 21666

Telephone Number: 800.892.1099

Region/Location of Work: U.S.A.

M/WBE Goals in the Contract: MBE 0 % 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. STRACK, INC. d/b/a STRACK TACTICAL SOLUTIONS 410 Albacore Drive Yorktown, VA 23692 (757) 870-2253	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	45-5122582	<ul style="list-style-type: none"> • Prospect and set appointments with law enforcement agencies within participating states • Follow up and work referrals; Inquire and gather agency product requirements • Generate sales by leveraging and bringing to the table our existing customer base 	To be determined
B. Cara Equipment & Supply Company/Cara Medical 739 Englewood Avenue Buffalo, NY 14223 (800) 772-2272	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	16-1383845	Products include emergency equipment, from defibrillators, to lights and stools, to medical equipment and supplies.	To be determined
<p>PREPARED BY: Frank Guglielmo, President</p> <p>Signature: </p>			<p>FOR AGENCY USE ONLY</p>	
			<p>REVIEWED BY: </p>	<p>DATE: 1/22/15</p>

<p>DATE: 01/22/2015</p> <p>TELEPHONE NO: 1-800-892-1099</p> <p>EMAIL ADDRESS: frank.guglielmo@federalresources.com</p> <p>NAME AND TITLE OF PREPARER (Print or Type): Frak Guglielmo, President</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 checked="" type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>1/22/15</u></p>
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