

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: Fisher Scientific Company LLC

Federal Identification Number: 23-2942737

Address: 300 Industry Drive

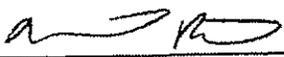
Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Pittsburgh, PA 15275

Telephone Number: 800-772-6733

Region/Location of Work:

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. Commercial Freight Services 30255 Beverly Road Romulus, MI 48174 734-326-9140 fairchild@cfstwi.com	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	38-3040267	-Freight services for mobile decontamination systems -Fitting of Personal Protective Products	TO BE Determined
B. Emergency Responder Products 175 Bethpage Sweet Hollow RD Old Bethpage, NY 11804 877-572-9592 krishna@911erp.com	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	13-4341416	Supplier for S11 Tactical, Tapps Safety Apparel and MAJESTIC HOODS	TO BE Determined
PREPARED BY: Signature: 			FOR AGENCY USE ONLY	
			REVIEWED BY: 	DATE: 2/19/15

<p>DATE: 2/13/15</p> <p>TELEPHONE NO: 407-687-9509</p> <p>EMAIL ADDRESS: mike.botet@thermofisher.com</p> <p>NAME AND TITLE OF PREPARER (Print or Type): Mike Botet Segment Director, Municipal Fire</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: 2/11/15</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: 2/19/15</p>
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