



Office of General Services

Office of Minority and Women-Owned Business Enterprises

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned Business Enterprises
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

[X] Initial Plan [] Revised plan Contract/Solicitation #PC66811

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 Enterprises (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
Bidder/Contractor Name: GALLS, LLC
NYS Vendor ID: 20-3545989
Bidder/Contractor Address: 1340 RUSSELL CAVE RD., LEXINGTON, KY 40505
Bidder/Contractor Telephone Number: 800-876-4242
Contract Work Location/Region: STATEWIDE
Contract Description/Title: PC66811 - HAZARDOUS INCIDENT RESPONSE EQUIPMENT

CONTRACTOR INFORMATION
Prepared by (Signature): [Signature]
Name and Title of Preparer: COMPLIANCE MANAGER - Justin Penman
Telephone Number: 859-963-7943
Date: 10/4/16
Email Address: PENMAN-JUSTIN@GALLS.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)

MWBE Subcontractor/Supplier Name: ROSENS DEPT STORE INC
MWBE Certification: [] MBE [X] WBE (If firm is dual certified please select one only)

Please identify the person you contacted: ADRIENNE NADORASKI
Federal Identification No.: 141511288
Telephone No.: 518-376-5282

Address: 30 LINK STREET, ALBANY, NY 12208
Email Address: ROSENSUNIFORMS@GMAIL.COM

Detailed Description of work to be provided by subcontractor/supplier: Will act as a supplier of goods on the contract

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 _____ % - VALUE TBD BASED ON CONTRACTUAL SPENDING

MWBE Subcontractor/Supplier Name: WIT LOGISTICS, LLC
MWBE Certification: [X] MBE [] WBE (If firm is dual certified please select one only)

Please identify the person you contacted: JOHN EMANUELE
Federal Identification No.: 11-3495847
Telephone No.: 516-256-7490

Address: 70 EAST SUNRISE HIGHWAY, VALLEY STREAM, NY 11581
Email Address: JEMANUELE@WITLOGISTICS.COM

Detailed Description of work to be provided by subcontractor/supplier: WILL PROVIDE SHIPPING/CONSOLIDATION SERVICES FOR LARGE PURCHASE ORDERS

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 _____ % - VALUE TBD BASED ON CONTRACTUAL SPENDING

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: [Signature] [X] Accepted [] Accepted as Noted [] Notice of Deficiency

NAME (Please Print): LORE BRODHEAD
MBE %/\$ 10 WBE %/\$ 10
Date Received: 10-6-2016 Date Processed: 10-26-2016

Comments:

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

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

ADDITIONAL SHEET

Bidder/Contractor Name: GALLS, LLC	Contract/Solicitation # PC66811
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MWBE Subcontractor/Supplier Name: WORLD OF ISABELLA INC.	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: TONESSA WEST CROWE	Federal Identification No.: 20 - 4882270	Telephone No.: 631-581-1010	
Address: 110 NASSAU AVENUE, ISLIP, NY 11751	Email Address: isabellaofyork@msn.com		
Detailed Description of work to be provided by subcontractor/supplier: SCREENPRINTING			

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 _____ % - **VALUE TBD BASED ON CONTRACTUAL SPENDING**

MWBE Subcontractor/Supplier Name: FineLine Printing Group	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: Kim Ramirez	Federal Identification No.:	Telephone No.: 317-871-3965	
Address: 8081 Zionsville Rd. Indianapolis, IN 46268	Email Address: Kimr@fineprintinggroup.com		
Detailed Description of work to be provided by subcontractor/supplier: Promotional products and printing services			

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 _____ % - **VALUE TBD BASED ON CONTRACTUAL SPENDING**

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			

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 _____ %

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			

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 _____ %

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			

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 _____ %