



MWBE UTILIZATION PLAN

Contract No.: IFB 22781

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.					
Contractor's Name, Address and Telephone No. Federal Identification No. HERITAGENERGY INC. 625 SAWKILL ROAD, KINGSTON, NY 12401 845-336-2000 14-1463572			Contract Description Location (Region) Statewide contract for Heating Fuel Oil		MWBE Goals In Contract MBE 5 % WBE 5%
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		
INFINITE ENERGY CORP, 410 PARK AVENUE, 15TH FLOOR, NEW YORK, NY 10022. 212-759-7426, 917-560-7865 CELL. dpinto@infiniteenergy.com. DEBORAH PINTO -	13-3527977	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ENERGY MARKETER AND FUEL SUPPLIER SERVICING THE TRI-STATE AREA.	TO BE DETERMINED BY SCOPE OF CONTRACT AWARDED
STG Group Inc, 2090 Hewett Avenue, Dayton, OH 45400, SAEED@STGGROUPINC.COM. 937-436-8988	31-1630923	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WHOLESALE OF DIESEL/FUEL OIL PRODUCTS	TO BE DETERMINED BY SCOPE OF CONTRACT AWARDED
ANDERSON MEDICAL P C, DBA EMERGENCY ONE URGENT CARE & DIAGNOSTIC CENTER, 40 HURLEY AVENUE, KINGSTON, NY 12401. 845-338-5600. tmartin@eonekingston.com		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DRUG AND ALCOHOL TESTING SERVICES; OCCUPATIONAL HEALTH & SAFETY SERVICES	TO BE DETERMINED BY SCOPE OF CONTRACT AWARDED
IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC333)					
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 <u>jqquinlan@heritagenergy.com</u>	
Name and Title of Preparer (Print or Type) JOHN QUINLAN, PROPANE MANAGER				Telephone No. <u>845-336-2000 x3327</u>	Date <u>7/30/2014</u>
FOR MWBE USE ONLY					
Reviewed By				Date <u>8/18/14</u>	
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Date <u>8/18/14</u>	
Contract No.	Project No. (If applicable) <u>IFB 22781</u>	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 <u>8/18/14</u>			