

**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: Hi-Tech Fire + Safety, Inc.

Federal Identification Number: 11-2984005

Address: 158 Allen Blvd - Suite A

Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Farmingdale, NY 11735

Telephone Number: 631-777-5170

Region/Location of Work: New York

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. Hi-Tech Fire + Safety Inc. <i>(Self-performing Prime)</i> 158 Allen Blvd. Suite A Farmingdale, NY 11735 631-777-5170 k.mandel@hitechfireny.com	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	11-2984005	Hi-Tech is a WBE Company, all sales/service (100%) will exceed the 10% goal desired by Hi-Tech and New York State.	Estimated Sales are to be determined.
B. We are currently working to obtain a WBE/MBE in shipping. We reached out to 6 companies, many are no longer in business.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE		- working diligently!	
PREPARED BY: Signature: <u>Karen E Mandel</u>			FOR AGENCY USE ONLY	
			REVIEWED BY: <u>[Signature]</u>	DATE: <u>2/10/15</u>

<p>DATE: 11/24/14</p> <p>TELEPHONE NO: 631-777-5170</p> <p>EMAIL ADDRESS: K.mandel@hitechfireny.com</p> <p>NAME AND TITLE OF PREPARER (Print or Type): Karen E. Mandel Vice 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 type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p><i>Acceptance with notice</i></p>
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