



MWBE UTILIZATION PLAN

Contract No.: Solicitation #22918

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. 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.

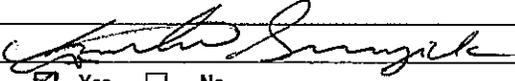
| Contractor's Name, Address and Telephone No. Hillyard, Inc. 125 Rawson Road Victor, NY 14564 | | Federal Identification No. 440522196 | Contract Description Location (Region) NYS - Statewide | | MWBE Goals In Contract MBE 10 % WBE 10% |
|--|-----------------|---|---|--|---|
| Certified MWBE Subcontractors/Suppliers 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 | | |
| On the Move Contracting Services | 27141053 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Broker of custodial supplies and equipment. | TBD |
| The Scensible Source Company, LLC | 203022011 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Supplier of Feminine Hygiene Supplies | TBD |
| Jennings Construction Services, LLC | 261337017 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supplier of HVAC, Plumbing, and Construction Materials and related supplies. | TBD |

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC 333)

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 ksmith@hillyard.com | |
| Name and Title of Preparer (Print or Type) Keith Smith - General Manager | Telephone No. 5859242820 | Date 7/2/2015 |

FOR MWBE USE ONLY

| | | | | |
|---|-----------------------------|--|---------------------------|---------------------------|
| Reviewed By  | Date 8/11/15 | | | |
| Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date 8/13/15 | | | |
| Contract No. | Project No. (if applicable) | Contract Award Date | Estimated Completion Date | Contract Amount Obligated |
| Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Date | Comments: <i>Accepted with notice. On the Move is a broker and Scensible Source is pending WBE certification.</i> | | |
| Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date | | | |