

## 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: MUNICIPAL EMERGENCY SERVICES, INC. Federal Identification Number: 65-1051374

Address: 66 FIREMENS WAY

Solicitation Number: HIRE IFB #22872

City, State, Zip Code: POUGHKEEPSIE, NY 12603

Telephone Number: (800)-560-8030

Region/Location of Work: ALL OF NEW YORK STATE

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. <u>H1-Tech Fire &amp; Safety, Inc</u> <u>158 Allen Boulevard - Suite A</u> <u>Farmingdale, NY 11735</u> <u>(631)-477-5170</u>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		<u>Purchase of personal protection equipment for firefighters</u>	<u>To be determined</u>
B. <u>Interbord Fire &amp; Safety, LLC</u> <u>240-19 Jamaica Ave,</u> <u>Bellerose, NY 11426</u> <u>718-777-5170</u>	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE		<u>Purchase of fire safety equipment</u>	<u>To be determined</u>
PREPARED BY: Signature: <u>Olivia M. Parent</u>			<b>FOR AGENCY USE ONLY</b>	
			REVIEWED BY: <u>[Signature]</u>	DATE: <u>2/10/15</u>

DATE: 1/8/15

TELEPHONE NO: (800)-560-8030

EMAIL ADDRESS: lparent@mesfire.com

NAME AND TITLE OF PREPARER (Print or Type): LISA M. PARENT  
BRANCH OPERATIONS MGR.

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.

UTILIZATION PLAN APPROVED:  YES  NO Date:

Contract No:

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

NOTICE OF DEFICIENCY ISSUED:  YES  NO Date: 2/5/15

NOTICE OF ACCEPTANCE ISSUED:  YES  NO Date: 2/10/15