

ATTACHMENT 5

M/WBE UTILIZATION PLAN

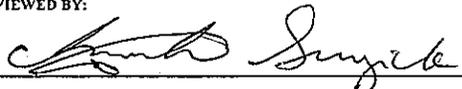
INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror's Name: **OHD, INC**
 Address: **2687 John Hawkins Pkwy**
 City, State, Zip Code: **Hoover, AL 35244**

Federal Identification Number: **46-1688497**
 Solicitation Number: **HIRE IFB #22872**
 Telephone Number: **205-980-0180**

Region/Location of Work:

M/WBE Goals in the Contract: MBE **0%** WBE **20%**

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. Gretchen Manfredi Occupational Safety Products, Inc PO Box 538, White Plains NY 10603 914-949-9292 geonnie@aol.com	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE - in progress	132838016	Distributor for OHD Quantifit + fit testing products	Unknown
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
PREPARED BY: Signature: 			FOR AGENCY USE ONLY REVIEWED BY: 	
			DATE:	6/12/15

Accepted with notice - pending WBE Subcontractor Certification

<p>DATE: 5-June, 2015</p> <p>TELEPHONE NO: 205-980-0180</p> <p>EMAIL ADDRESS: capol@ohdusa.com</p> <p>NAME AND TITLE OF PREPARER (Print or Type): Carol Apol Sales Administrator</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: 6/19/15</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 checked="" type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: 6/19/15</p>
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