

**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:** PROMARK INTERNATIONAL INC

**Federal Identification Number:** 11-3303452

**Address:** 720 MONTAUK HIGHWAY

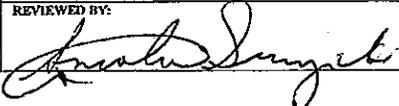
**Solicitation Number:** HIRE IFB #22872

**City, State, Zip Code:** COPIAGUE, NY 11726

**Telephone Number:** 631-226-1541

**Region/Location of Work:** LI/NYC/UPSTATE & DOWNSTATE

**M/WBE Goals in the Contract:** MBE 10 % WBE 10 %

| 1. Certified M/WBE Subcontractors/Suppliers<br>Name, Address, Email Address, Telephone No.                               | 2. Classification  | 3. Federal ID No. | 4. Detailed Description of Work<br>(Attach additional sheets, if necessary)   | 5. Dollar Value of Subcontracts /<br>Supplies/Services and intended<br>performance dates of each<br>component of the contract. |
|--|--|-------------------|---|--|
| <b>A. AMERICAN INNOVATIONS</b><br>500 CHESTNUT RIDGE ROAD<br>CHESTNUT RIDGE, NY 10977<br>DIANA@AIINY.COM<br>845-371-3333 | NYS ESD CERTIFIED<br><input checked="" type="checkbox"/> MBE<br><input type="checkbox"/> WBE | 13-3811586        | Garrett equipment site surveys, warehouse , distribution<br>Armor and uniform sizing. distribution.<br>Prallta product distribution.    | TBD  |
| <b>B. HAMBURGER WOOLEN COMPANY</b><br>99 2ND AVE<br>GARDEN CITY PARK, NY 11040<br>HWC@HWCNY.COM<br>516-352-7400          | NYS ESD CERTIFIED<br><input type="checkbox"/> MBE<br><input checked="" type="checkbox"/> WBE | 13-5128087        | Provide fabric for uniforms and carriers production<br>Warehouse and distribute metal detectors<br>Warehouse and distribute flashlights | TBD  |
| <b>PREPARED BY:</b><br>Signature:      |  |                   | <b>FOR AGENCY USE ONLY</b>  |  |
|  |  |                   | REVIEWED BY:                                        | DATE: 4/2/15   |

|  |   |
|--|---|
| <p>DATE: 3/31/15</p> <p>TELEPHONE NO: 631-226-1541</p> <p>EMAIL ADDRESS: promarkpat@aol.com</p> <p>NAME AND TITLE OF PREPARER (Print or Type):<br/>PAT BARON, MANAGER</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: <i>Approved with Notice as</i></p> <p>Contract Award Date: <i>one subcontractor is not</i></p> <p>Estimated Date of Completion: <i>NYS certified.</i></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: <i>4/2/15</i></p> |
|--|---|