

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: *ROSEN'S Dept. Store, Inc dba
ROSEN'S UNIFORMS*
Address: *280 Central Ave*
City, State, Zip Code: *Albany, NY 12206*
Region/Location of Work: *NYS.*

Federal Identification Number: *141511288*
Solicitation Number: *HIRE IFB #22872*
Telephone Number: *518 434 1376*

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. <i>Cranhead Silk Screen Printing Co. 18734 Rome Dr. Saint Albans, NY 11417 718-481-9883</i>	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	<i>080379123</i>	<i>Screen printing of Clothing ordered through HIRE contract</i>	<i>TBD.</i>
B. <i>ROSEN'S UNIFORMS. 280 Central Ave Albany, NY 12206 518-434-1376</i>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	<i>141511288</i>	<i>Completion of All other goods sold outside of screen printing</i>	<i>TBD.</i>
PREPARED BY: Signature: <i>[Signature]</i>			FOR AGENCY USE ONLY	
			REVIEWED BY: <i>[Signature]</i>	DATE: <i>4/29/15</i>

DATE: 4/29/15

TELEPHONE NO: 518 434 1376

EMAIL ADDRESS: A@ROSENS UNIFORMS.COM

NAME AND TITLE OF PREPARER (Print or Type):

ADRIENNE NAOURASKI, PRESIDENT

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: 4/29/15

Contract No:

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

NOTICE OF DEFICIENCY ISSUED: YES NO Date: _____

NOTICE OF ACCEPTANCE ISSUED: YES NO Date: 4/29/15

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