

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: SAFEWARE INC

Federal Identification Number: 52-1152883

Address: 4403 FORBES BLVD

Solicitation Number: HIRE IFB #22872

City, State, Zip Code: LANHAM MD 20706

Telephone Number: 800 331 6707

Region/Location of Work: STATEWIDE

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

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>ASA ENVIRONMENTAL PRODUCTS</u> <u>PO BOX 789</u> <u>STONINGTON CT 06378</u> <u>JEFF@ASAENVIRONMENTAL.COM</u> <u>800-783-5272</u>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	<u>061371087</u>	<u>SUPPLIER OF INDUSTRIAL CLEAN-UP PRODUCTS; EQUIPMENT; FACILITIES; & WRO CHEMICALS; Supplies</u>	TBD
B. <u>IDEAL ELECTRIC</u> <u>2230 ADAMS PL NE, WASH DC 20018</u> <u>202-526-4500</u> <u>cbanks@idealelectric.com</u>	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	<u>521737540</u>	<u>DISTRIBUTOR OF ELECTRICAL PRODUCTS PROMOTES & MARKETS CONTRACT TO END USER AGENCIES, RECEIVES POS, COLLECTS RECEIVABLES, PAYS SUPPLIER, HANDLES CUST. SVC. *</u>	TBD
PREPARED BY: Anne Petrenko			FOR AGENCY USE ONLY	
Signature: <u>Anne Petrenko</u>			REVIEWED BY: <u>[Signature]</u>	DATE: <u>11/15/14</u>

* Negotiates special pricing for large volume purchases with customers & suppliers

<p>DATE: 11/24/2014, updated 1/1/2015</p> <p>TELEPHONE NO: 800 331 6707</p> <p>EMAIL ADDRESS: APETRENKO@SAFEWAREINC.COM</p> <p>NAME AND TITLE OF PREPARER (Print or Type): <i>Mary Anne Petrenko</i> <i>VICE PRESIDENT</i></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: _____</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: 12/30/14 (corrected form)</p>
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