

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: SecureWatch24, LLC.

Federal Identification Number: 20-0914683

Address: 1 Penn Plaza, #4000

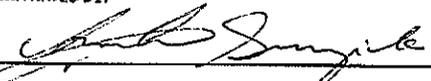
Solicitation Number: HIRE IFB #22872

City, State, Zip Code: New York, NY 10119

Telephone Number: 212-729-5400

Region/Location of Work: New York State/ All participating NASPO regions

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. Schupp's Line Construction	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	14-1619097	Installation, Service, Maintenance, Training, Value Added Reseller	Dollar Value and Dates dependent on goods and services purchased under AEL 1.3, and 21 10% of sales in those categories will be directed to this VAR.
B. SAJJUN ELECTRIC INC.	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	132546221	Installation, Service, Maintenance, Training, Value Added Reseller	Dollar Value and Dates dependent on goods and services purchased under AEL 1.3, and 21 10% of sales in those categories will be directed to this VAR.
PREPARED BY: Signature: 			FOR AGENCY USE ONLY REVIEWED BY:  DATE: 1/5/15	

<p>DATE: 12/2/2014</p> <p>TELEPHONE NO: 212-729-5400</p> <p>EMAIL ADDRESS: cbloom@securewatch24.com</p> <p>NAME AND TITLE OF PREPARER (Print or Type): Ed Bloom Government Contract 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:</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: <u>1/5/15</u></p>
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