

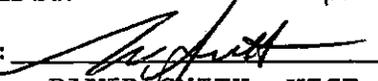
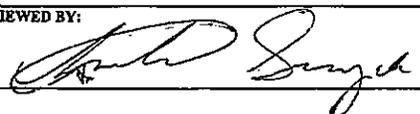
**ATTACHMENT 5**

**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:** SOUTH SHORE FIRE & SAFETY EQUIPMENT DISTRIBUTORS, INC. **Federal Identification Number:** 11-1996719  
**Address:** 579 EAST MEADOW AVENUE **Solicitation Number:** HIRE IFB #22872  
**City, State, Zip Code:** EAST MEADOW, N.Y. 11554 **Telephone Number:** (516) 794-4000

**Region/Location of Work:** **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. SOUND ENVIRONMENTAL 18 TIDE COURT WADING RIVER, N.Y. 11792 CINDY@SOUNDNY.COM (631) 414-7198	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	01-0665504	RESELLER	T B D
B. ACTIV SYSTEMS 1078 NORTH DRIVE MERRICK, N.Y. 11566 (516) 489-7835	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	77-0676420	RESELLER	T B D
PREPARED BY: ROSEMARIE@SINC.US.COM			<b>FOR AGENCY USE ONLY</b>	
Signature:  DAVID SMITH, VICE PRESIDENT			REVIEWED BY: 	DATE: 2/12/15

BOTH THESE COMPANIES ARE WBE'S.  
 WE ARE CONTINUING TO VIGOROUSLY PURSUE OTHER WBE AND MBE PARTNERS, AND WILL  
 UPDATE YOU WITH ANY ADDITIONS.

<p><b>DATE:</b> FEBRUARY 10, 2015  <b>TELEPHONE NO:</b> (516) 794-4000  <b>EMAIL ADDRESS:</b> DSMITH@southshorefire.com  <b>NAME AND TITLE OF PREPARER (Print or Type):</b>          DAVID SMITH, VICE PRESIDENT SALES SERVICE          .. (516) 794-4000          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><b>UTILIZATION PLAN APPROVED:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: _____  <b>Contract No:</b> _____  <b>Contract Award Date:</b> _____  <b>Estimated Date of Completion:</b> _____  <b>Amount Obligated Under the Contract:</b> _____  <b>NOTICE OF DEFICIENCY ISSUED:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>1/29/15</u>  <b>NOTICE OF ACCEPTANCE ISSUED:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>2/12/15</u></p>
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