

### 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: STRATEGIC SAFETY DYNAMICS, LLC

Federal Identification Number: 27-1345037

Address: 279 4<sup>th</sup> AVENUE

Solicitation Number: HIRE IFB # 22872

City, State, Zip Code: ST. JAMES, N.Y. 11780

Telephone Number: 631-220-5620

Region/Location of Work:

M/WBE Goals in the Contract: MBE %    WBE 20%

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>IT RESOURCE SOLUTIONS NET, INC</u> <u>10 TECHNOLOGY DRIVE, SUITE #1</u> <u>EAST SETAUKET, N.Y. 11733</u> <u>631-941-2622 EMAIL: KROMASZKA@IT-RS.NET</u>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	<u>11-3334189</u>	<u>Administrative Services, COMPUTER</u> <u>TECH SUPPORT, DATABASE DEVELOPMENT,</u> <u>TEMP. PERSONNEL - HUMAN SERVICES</u> <u>EMPLOYMENT AGENCY</u>	<u>TO BE DETERMINED</u>
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

<p>PREPARED BY: Signature: <u>Joseph V. Beltrami</u></p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b></p> <p>REVIEWED BY: <u>[Signature]</u>      DATE: <u>3/9/15</u></p>
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<p>DATE: <u>3/27/15</u></p> <p>TELEPHONE NO: <u>631-220-5620</u></p> <p>EMAIL ADDRESS: <u>J. BELTRAMI@VERIZON.NET</u></p> <p>NAME AND TITLE OF PREPARER (Print or Type): <u>JOSEPH V. BELTRAMI</u> <u>VICE PRESIDENT/MEMBER</u></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>3/9/15</u></p>
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