



MWBE UTILIZATION PLAN

Contract No.: _____

INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. 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 (MWBE) under the contract. Attach additional sheets if necessary.

Contractor's Name, Address and Telephone No. Superior Plus Energy Services Inc.	Federal Identification No. 16-0736353	Contract Description Location (Region) Monroe County and surrounding Counties	MWBE Goals In Contract MBE 10 % WBE 10%
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Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
Tra-Lin Corp		<input type="checkbox"/>	<input checked="" type="checkbox"/>	They will potentially deliver diesel for us if we get awarded Counties they can service. Namely, Monroe, Ontario, Livingston, Orleans, Wayne, and Wyoming	20%
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC 333)

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature)	Email Address ptandlmayer@griffithenergy.com
Name and Title of Preparer (Print or Type) Paul Tandlmayer, Director	Telephone No. 1-800-724-2552 Date 6/23/14

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date 9/10/14			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 9/10/14			
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date	Comments:		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 9/10/14			