

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: **TAVA PRODUCTS LLC**

Federal Identification Number: **27-4724070**

Address: **10204 SUNDANCE CT.**

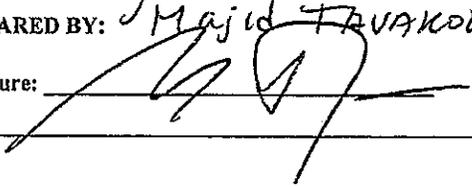
Solicitation Number: **HIRE IFB #22872**

City, State, Zip Code: **Potomac, MD 20854**

Telephone Number: **202-237-8282**

Region/Location of Work: **NORTH EAST**

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. Laurel Systems Inc. 3460 Ellicott Center Dr. Suite Ellicott City MD 21043 101	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		Wholesale of Industrial supplies Sections 1, 3, 8, 9, 21	10% of value of Contract
B. CONNET QUOT WEST INC. 200 Allen Blvd. East Farmingdale NY 11735	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE		Wholesale of Medical & Industrial Supplies Sections 1, 3, 8, 9, 21	10% of value of Contract
PREPARED BY: Majid FAVAKOLIAN			FOR AGENCY USE ONLY	
Signature: 			REVIEWED BY: 	DATE: 1/28/15

DATE: Jan 27, 2015
TELEPHONE NO: 202-237-8282
EMAIL ADDRESS: Majid@TavaProducts.com
NAME AND TITLE OF PREPARER (Print or Type):
MAJID TAVAKOLIAN Director.

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.

UTILIZATION PLAN APPROVED: YES NO Date:

Contract No:

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

NOTICE OF DEFICIENCY ISSUED: YES NO Date:

NOTICE OF ACCEPTANCE ISSUED: YES NO Date: 1/29/15