

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: VWR International

Federal Identification Number: 91-1319190

Address: 100 Matsonford Rd

Solicitation Number: HIRE IFB #22872

City, State, Zip Code: Radnor, PA 19087

Telephone Number: (610) 386-1700

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. Corporate Diversity Solutions 615 Franklin Turnpike Ridgewood, NJ 07450 Ken Scarpa 866-998-0550 kscarpa@corporatediversitysolutions.com	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	26-3486827	Reseller/Dealer of VWR Products	A goal of \$500,000 of sales sub-contracted to "A"
B. FM Office Express, Inc., DBA d/b/a FM Office Environments One Woodbury Blvd Rochester, NY 14604 Fabricio Morales fmorales@fm-resources.com	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	16-1478699	Reseller/Dealer of VWR Products	A goal of \$500,000 of sales sub-contracted to "A"
PREPARED BY: Signature: 			FOR AGENCY USE ONLY	
			REVIEWED BY: 	DATE: 2/9/15

<p>DATE: December 3, 2014</p> <p>TELEPHONE NO: (770)335-7925</p> <p>EMAIL ADDRESS: lewis_mcmillan@vwr.com</p> <p>NAME AND TITLE OF PREPARER (Print or Type): Lewis McMillan, Director Business Development</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 type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>2/17/15</u></p>
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