NYS Office of General Services
Serving New York

RFP 20191

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.	Contract Description Location (Region)	MWBE Goals in Contract
AFA Protective Systems, Inc. 155 Michael Drive Syosset, NY 11791 (516) 496-2322 Federal Identification No.	Electrical contractor, Fire and Security System installations. Installation of panels, wire, pipe and devices	MBE 10 % WBE 10 %

Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED MBE	NYS ESD CERTIFIED WBE	Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontract/ supplies/ services and intended performance dates of each component of the contract
Aurora Electric, Inc. 141 Federal Circle Jamaica, NY 11430 (718) 656-7413 vrose@auroraelectric.org	11-3271387		X	Data, Communication and electrical installations.	
Approved Electric Corp. 3550 White Plains Road Suite # 9 Bronx, NY 10467 917-440-4355 approvedelectric@hotmail.com	13-3791335	X	☐	Data, Communication and electrical installations.	

		☐	☐		

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form MWBE 101/BDC 333)

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the M/WBE 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) [signature] 3/6/15	Email Address jrsnaudo@efap.com	
Name and Title of Preparer (Print or Type) Joseph Ranaudo Operations Manager	Telephone No. (516) 466-2322 ext. 1211	Date 11/12/14

FOR MWBE USE ONLY

Reviewed By [signature]				Date 3/9/15
Utilization Plan Approved ☒ Yes ☐ No				Date
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued ☐ Yes ☒ No	Date	Description of Work		
Notice of Acceptance Issued ☒ Yes ☐ No	Date 3/9/15			

MWBE 100 (9/12)