



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: RFP 20191

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. Commercial Instruments & Alarm Systems Inc. 495 Main St., Catskill, NY 12414 518-943-6777 Federal Identification No. 14-1632315	Contract Description Location (Region) Region 5	MWBE Goals in Contract MBE <u> </u> % WBE <u> </u> %
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Certified MWBE 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		
DS Specialties, 2740 State Rt. 11, Mooers, NY 518-236-4338; dsample@dsspecialties.com	14-1820435	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door hardware supplier & door hardware installation	\$2100.00 April 2015; Future Work Unknown
RAW POWER ELECTRIC CORP, 249 Highland Ave., Middletown, NY 845-342-1973; romeo@rawpower.us	20-2992633	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Services – running wire	\$500 - \$16,000 Future Work Unknown
		<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 MWBE 101/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 johnl@ciasecurity.com
Name and Title of Preparer (Print or Type) John Lombardi, President	Telephone No. 845-896-9500
	Date 6.10.15

FOR MWBE USE ONLY

Reviewed By	Date 6/18/15			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 6/18/15			
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Description of Work		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 6/18/15			