



Office of
General Services

Office of Minority and Women-Owned
Businesses & Community Relations

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned
Businesses & Community Relations
29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-486-9285

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #PC67224

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Minority and Women-owned Business Enterprise (MWBE) under the contract. By submission of this Plan, the Bidder/Contractor commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		MWBE Goals in Contract	
Bidder/Contractor Name: <i>CooperFriedman Electric Supply</i>	NYS Vendor ID: <i>1100041675</i>	MBE <i>10%</i>	
Bidder/Contractor Address (Street, City, State and Zip Code): <i>1 Matrix Drive, Monroe, NJ 08831</i>		WBE <i>10%</i>	
Bidder/Contractor Telephone Number: <i>570-299-4537</i>		Contract Work Location/Region: <i>B,C,D</i>	
Contract Description/Title: <i>Industrial & Commercial Supplies and Equipment</i>			

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>Shawna Walker-Eiston</i>	Name and Title of Preparer: <i>Shawna Walker-Eiston</i>	Telephone Number: <i>570-299-4537</i>	Date: <i>01-27-16</i>
Email Address: <i>shawna.walker@cooper-electric.com</i>			

IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)

MWBE Subcontractor/Supplier Name: <i>JHP Industrial Supply</i>	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: <i>Emanuel R Henderson</i>	Federal Identification No.: <i>16-1161530</i>	Telephone No.: <i>315-422-0950</i>	
Address: <i>321 West Taylor Street, Syracuse, NY 13202</i>	Email Address: <i>EMO405@aol.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>CooperFriedman will receive purchase orders from authorized state agencies. Cooper Friedman will solicit quote from mbe to fulfill purchase order requirements</i>			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): <i>\$15000</i> or <i>_____</i> %			

MWBE Subcontractor/Supplier Name: <i>MS Unlimited</i>	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: <i>Mary Beth Sbaraglia</i>	Federal Identification No.: <i>16-1281119</i>	Telephone No.: <i>315-437-1291</i>	
Address: <i>6828 Ellicott Drive, East Syracuse, NY 13057</i>	Email Address: <i>marybeth@msunlim.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>CooperFriedman will receive purchase orders from authorized state agencies. Cooper Friedman will solicit quote from mbe to fulfill purchase order requirement</i>			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): <i>\$15000.00</i> or <i>_____</i> %			

FOR OGS MWBE USE ONLY			
OGS MWBE Authorized Signature: <i>Anuola Surgick</i>	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): <i>Anuola Surgick</i>	MBE %/\$ <i>10⁰⁰</i>	WBE %/\$ <i>10⁰⁰</i>	Date: <i>3/9/16</i>
Comments: <i>2 additional MWBEs were added</i>			
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=2528			
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.			

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ADDITIONAL SHEET

Bidder/Contractor Name: CooperFriedman Electric Supply	Contract/Solicitation # PC67224
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MWBE Subcontractor/Supplier Name: Generation Electrical Corp	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: Sandra Cirrincione	Federal Identification No.: 35-2442556	Telephone No.: 315-725-2976	
Address: 3883 Dawes Avenue, Clinton, NY 13323	Email Address: sandra@generation-electrical.com		
Detailed Description of work to be provided by subcontractor/supplier: <i>CooperFriedman will receive purchase orders from authorized state agencies. Cooper Friedman will solicit quote from mbe to fulfill purchase order requirement</i>			

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): **\$45000** or _____ %

MWBE Subcontractor/Supplier Name: Generation Electric DBA Solvay Electric	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: Sandra Cirrincione	Federal Identification No.: 35-2442556	Telephone No.: 315-488-3161	
Address: 511 Charles Avenue, Solvay, NY 13209	Email Address: sandra@solvayelectricsupply.com		
Detailed Description of work to be provided by subcontractor/supplier: <i>CooperFriedman will receive purchase orders from authorized state agencies. Cooper Friedman will solicit quote from mbe to fulfill purchase order requirement</i>			

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): **\$45000** or _____ %

MWBE Subcontractor/Supplier Name: Linden Electrical Wholesalers, Inc DBA Luken Electric	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: Ken Eichwald	Federal Identification No.: 412027015	Telephone No.: 908-241-8100 or 917-992-0436	
Address: 725 St. Georges Avenue, Roselle NJ 07203-2634	Email Address: ken@Luken.nyc		
Detailed Description of work to be provided by subcontractor/supplier: <i>CooperFriedman will receive purchase orders from authorized state agencies. Cooper Friedman will solicit quote from mbe to fulfill purchase order requirement</i>			

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): **\$15000** or _____ %

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			

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