



NYS OFFICE OF GENERAL SERVICES

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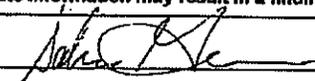
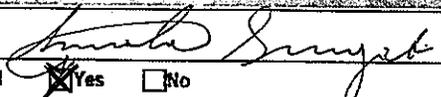
MWBE UTILIZATION PLAN

Contract No.: 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. EIA Datacom Inc 31-00 47Ave Long Island City NY 11101	Contract Description Location (Region) Access Control CCTV Installation, Integration and Maintenance	MWBE Goals in Contract MBE ___10___ % WBE ___10___ %
Federal Identification No.		

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		
Gorlyn IT Management 118-56 222 nd Street, #1B Cambria Heights, NY 11411 Ph# 718-977-9771 info@gorlynconsulting.com	90-0083919	x <input type="checkbox"/>	<input type="checkbox"/>	Autocad, Project Submittals	TBD
Montana 35-15 11 th Street Long Island City, NY 11106	13-3853148	<input type="checkbox"/>	x <input type="checkbox"/>	Supplies: Wire and cables, Connectivity	TBD

Ph# 718-482-6789					
sales@montanadata.com					
		<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: guevara@eia.us		
Name and Title of Preparer (Print or Type) Salvador Guevara, Government Sales/Admin			Telephone No. 646-827-1226		Date 4/09/2015
FOR MWBE USE ONLY					
Reviewed By 					Date 4/28/15
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Date 4/28/15
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 4/28/15				