



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. e.nfrastructure Technologies, Inc 5 Enterprise Avenue Clifton Park, NY 12065 Federal Identification No.	Contract Description Location (Region) New York State	MWBE Goals In Contract  MBE 10 % WBE 10 %
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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		
Lacorte Companies 630 7 <sup>th</sup> Avenue Troy, NY 12182	14-1634075	<input type="checkbox"/>	X	Union electrician wiring devices, pathways & conduit	To be determined at contract award date to meet 10% goal
AIW PO Box 354574 Palm Coast, FL 32135	59-3685517	X	<input type="checkbox"/>	Product distributor	To be determined at contract award date to meet 10% goal
		<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 <a href="mailto:amy.harlow@ninfrastructure.com">amy.harlow@ninfrastructure.com</a>
Name and Title of Preparer (Print or Type) Amy Harlow, VP HR	Telephone No. (518) 664-3899
	Date 2/26/15

**FOR MWBE USE ONLY**

Reviewed By	Date 3/2/15
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/12/15

Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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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 3/12/15	