



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

[X] Initial Plan [] Revised plan

Contract/Solicitation # PC 22788
Group 05400 Lamps Ballast & Lighting Equipment

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
Bidder/Contractor Name: Fastenal Company
NYS Vendor ID: 1000009296
MWBE Goals In Contract: MBE 20 %, WBE %
Bidder/Contractor Address: 2001 Theurer Blvd, Winona MN 55987
Bidder/Contractor Telephone Number: 507-454-5374
Contract Work Location/Region: NY
Contract Description/Title: Lamps Ballast & Lighting Equipment

CONTRACTOR INFORMATION
Prepared by (Signature): [Signature]
Name and Title of Preparer: Bill Franssen, Director of Sales
Telephone Number: 757-342-6123
Date: 07/29/2015
Email Address: wfransse@fastenal.com

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)

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: [Signature]
NAME (Please Print): Anuola Surgick
MBE %/\$:
WBE %/\$:
Date: 7/29/15
Comments:

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.

MWBE Subcontractor/Supplier Name: Wells Technology
MWBE Certification: [X] MBE [] WBE (If firm is dual certified please select one only)
Please identify the person you contacted: Wendy Wells Knudson
Federal Identification No.: 41-1653529
Telephone No.: 218-751-5117
Address: 4885 Windsor Ct. NW, Bemidji MN 56601
Email Address: wendy@wellstech.com
Detailed Description of work to be provided by subcontractor/supplier: Lamps Ballast & Lighting Equipment
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): \$ TBD or TBD %

MWBE Subcontractor/Supplier Name:
MWBE Certification: [] MBE [] 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 %