



Office of  
General Services

Office of Minority and Women-Owned  
Businesses & Community Relations

# MWBE UTILIZATION PLAN

Initial Plan     Revised plan    Contract/Solicitation #22984

**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>Global Equipment Company Inc.</i>	NYS Vendor ID: <i>1000012358</i>	MBE	<i>5%</i>
Bidder/Contractor Address (Street, City, State and Zip Code): <i>11 Harbor Park Drive, Port Washington, New York 11050-4656</i>		WBE	<i>5%</i>
Bidder/Contractor Telephone Number: <i>516-608-7107</i>		Contract Work Location/Region: <i>New York/North America</i>	

Contract Description/Title: *Group 21510-OUTDOOR AND SITE FURNITURE INCLUDING PICNIC TABLES / solicitation# 22984*

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>[Signature]</i>	Name and Title of Preparer: <i>VP Government Sales and Programs</i>	Telephone Number: <i>516-608-7605</i>	Date: <i>12/16/2015</i>
Email Address: <i>csolomon@globalindustrial.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>Connetquot West, Inc.</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>Noah Lam</i>	Federal Identification No.: <i>11-3136568</i>	Telephone No.: <i>866-588-3888</i>	
Address: <i>200 Allen Blvd, Farmingdale, NY 11735</i>	Email Address: <i>noahlam@cwquality.com</i>		

Detailed Description of work to be provided by subcontractor/supplier:  
*resale of outdoor furniture*

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 *10* %

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 \_\_\_\_\_ %

**FOR OGS MWBE USE ONLY**

OGS MWBE Authorized Signature: <i>[Signature]</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>10%</i>	WBE %/\$ _____	Date: <i>1/21/16</i>
Comments: <i>MWBE has confirmed that they provide outdoor furniture.</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.**