NYS OFFICE OF GENERAL SERVICES
Serving New York

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.	Contract Description Location (Region)	MWBE Goals in Contract
Interface Cable Assemblies and Services Corp. *42-19 23rd Ave, Long Island City, NY 11105;* *718-278-1100* Federal Identification No. *11-2560354*	Security + Facility Systems and Solutions	MBE 10_% WBE 10_%

Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED MBE	NYS ESD CERTIFIED WBE	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
Montana Datacom *35-15 11th Street, Long Island City, New York 11105;* *bill@montanadata.com; 718.482.6789*		☐	■	*Distributor – Cable & Communication Equipment; Electrical Supplies; Lighting Fixtures; Controls and Instrumentations;*	
		☐	☐		
		☐	☐		

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 M/WBE 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 *JCaridi@icascorp.com*	
Name and Title of Preparer (Print or Type) *James Caridi; CIO*	Telephone No. *212.788.7240*	Date *10/27/2015*

FOR MWBE USE ONLY

Reviewed By				Date 11/3/15
Utilization Plan Approved ☒ Yes ☐ No				Date 11/3/15
Contract No. *N/A*	Project No. (If applicable) *N/A*	Contract Award Date *N/A*	Estimated Completion Date *N/A*	Contract Amount Obligated *TBD*

Notice of Deficiency Issued ☒ Yes ☐ No	Date 10/26/15	Description of Work	Montana datacom will be our product provider of material as well as sub-contractor as needed to meet the requirement.
Notice of Acceptance Issued ☒ Yes ☐ No	Date 11/3/15		

MWBE 100 (5/12)