



State of 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. IK Systems, Inc. 7625 Main St. Fishers Victor, NY 14564 Federal Identification No. 16-1326770	Contract Description Location (Region) Security Systems & Solutions	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		
Secure Environment Solutions, LLC P.O. Box 21, 12447 Lesswing Road Algen, NY 14004 716-442-5374 email: stacy@sesprotects.com		<input type="checkbox"/>	<input checked="" type="checkbox"/>	SES conducts objective assessments of existing security operations with the purpose of finding possible vulnerabilities before they are breached, ultimately providing a comprehensive evaluation of a company's security standing. SES will provide a detailed report of the assessment findings that includes recommendations for improvements.	TBD
		<input type="checkbox"/>	<input type="checkbox"/>		TBD
		<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 melkonb@iksystems.com
Name and Title of Preparer (Print or Type) Melkon Babigian, President	Telephone No 585-924-9000 Date 10/15/15

FOR MWBE USE ONLY

Reviewed By	Date 10/16/15			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 10/20/15			
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated

Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work Accept with Notice.
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 10/20/15	