



**Office of
General Services**

**Office of Minority and Women-Owned
Business Enterprises**

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned
Business Enterprises
29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-486-8265

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #22719

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 Enterprises (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>ISCO Industries, Inc. (D.B.A. Snap-Tite)</i>	NYS Vendor ID: <i>100009588</i>	MBE <i>0%</i>
Bidder/Contractor Address (Street, City, State and Zip Code): <i>926 Baxter Ave., Louisville, KY 40204 - 100 Witherspoon St. 2nd West, Louisville, KY 40202</i>		WBE <i>5%</i>
Bidder/Contractor Telephone Number: <i>800-345-4726</i>	Contract Work Location/Region: <i>Statewide</i>	
Contract Description/Title: <i>Group 37700 - Culvert & Underdrain Pipe & Tubing (w/Arches, Bands, Culverts & Accessories)-Metal & Plastic Based</i>		

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>[Signature]</i>	Name and Title of Preparer: <i>John B. Purlee, Corporate Counsel</i>	Telephone Number: <i>(502)614-3623</i>	Date: <i>3/18/16</i>
Email Address: <i>john.purlee@isco-pipe.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>Constantine Construction and Farm, Inc.</i>	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: <i>Laura Szesnet</i>	Federal Identification No.: <i>14 1674977</i>	Telephone No.: <i>518-458-8294</i>	
Address: <i>564 Albany Shaker Road, Loudonville, NY 12211</i>	Email Address: <i>laura@ccfm.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Trucking Services</i>			
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): <i>\$TBD</i> or _____%			

MWBE Subcontractor/Supplier Name: <i>Southern Tier Municipal & Construction Supply Co., Inc.</i>	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: <i>Martha B. Peterson</i>	Federal Identification No.: <i>16 1245493</i>	Telephone No.: <i>800-779-7071</i>	
Address: <i>1801 Washington Street, Jamestown, NY 14701</i>	Email Address: <i>marthapeterson@southernriersupply.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Resealer</i>			
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): <i>\$TBD</i> 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>0%</i>	WBE %/\$ <i>5%</i>	Date Received: <i>3/16/16</i>	Date Processed: <i>3/22/16</i>
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.				