



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, Coming Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-488-9285

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # 201901

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: IVS, Inc. dba AngelTrax
NYS Vendor ID:
Bidder/Contractor Address: 9540 W. US Hwy 84, Newton, AL 36352
Bidder/Contractor Telephone Number: 334-692-4600 or 800-673-1788
Contract Work Location/Region: Entire State
Contract Description/Title: Security and Facility Systems and Solutions

CONTRACTOR INFORMATION
Prepared by (Signature): Sally Klein
Name and Title of Preparer: Government and Education Sr. Coordinator
Telephone Number: 334-692-4600 or 800-673-1788
Date: 8/21/15
Email Address: sally.klein@angeltrax.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: Anuska Surguk
NAME (Please Print): Anuska Surguk
MBE %/\$: 10
WBE %/\$: 10
Date: 8/21/15
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: Mr. Hudson's Cleaning Service
MWBE Certification: [X] MBE [] WBE (If firm is dual certified please select one only)
Please identify the person you contacted: David Wiltshire-Craine
Federal Identification No.:
Telephone No.: 646-893-1900
Address: P.O. Box 1033, New York, NY 10024
Email Address: david.wc@mrhudsoncleaning.com
Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work

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 based on contractual spending in this firms area or %

MWBE Subcontractor/Supplier Name: K&S Restoration
MWBE Certification: [] MBE [X] WBE (If firm is dual certified please select one only)
Please identify the person you contacted: Keith Washington
Federal Identification No.:
Telephone No.: 516-943-5565
Address: 31 Newton Place, Roosevelt, NY 11575
Email Address: kandsrestoration@gmail.com
Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work

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 based on contractual spending in this firms area or %

Page 1 of 3



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| | | | |
|---|---|-------------------------------|------|
| BIDDER/CONTRACTOR INFORMATION | | MWBE Goals In Contract | |
| Bidder/Contractor Name: IVS, Inc. dba AngelTrax | NYS Vendor ID: | MBE Yes | % 10 |
| Bidder/Contractor Address: 9540 W. US Hwy 84, Newton, AL 36352 | | WBE Yes | % 10 |
| Bidder/Contractor Telephone Number: 334-692-4600 or 800-673-1788 | Contract Work Location/Region: Entire State | | |
| Contract Description/Title: Security and Facility Systems and Solutions | | | |

| | | | |
|--|--|---|------------------|
| CONTRACTOR INFORMATION | | | |
| Prepared by (Signature): <i>Sally Klein</i> | Name and Title of Preparer: Government and Education Sr. Coordinator | Telephone Number: 334-692-4600 or 800-673-1788 | Date: 8/21/15 |
| Email Address: sally.klein@angeltrax.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: <i>Anuola Surguch</i> | <input checked="" type="checkbox"/> Accepted | <input type="checkbox"/> Accepted as Noted | <input type="checkbox"/> Notice of Deficiency |
| NAME (Please Print): <i>Anuola Surguch</i> | MBE %/\$: <u>10</u> | WBE %/\$: <u>10</u> | Date: <u>8/26/15</u> |
| 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.

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|--|---|--------------------------------|--|
| MWBE Subcontractor/Supplier Name: 1 Call Building Maintenance Corp | 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: Lorris Alleyne | Federal Identification No.: 200-915028 | Telephone No.: 347-469-0506 | |
| Address: 946 Atlantic Avenue | Email Address: lorrisalleyne1@gmail.com | | |
| Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work | | | |
| 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 based on contractual spending in this firms area _____ or _____ % | | | |

| | | | |
|--|---|--------------------------------|--|
| MWBE Subcontractor/Supplier Name: All Power Services, Inc. | 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: Sondra Wilson | Federal Identification No.: 28-109840 | Telephone No.: 585-967-3266 | |
| Address: 151 Kinmont Drive, Rochester, NY 14612 | Email Address: all_powerserviceinc2@yahoo.com | | |
| Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work | | | |
| 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 based on contractual spending in this firms area _____ or _____ % | | | |

Page 2 of 3

ADDITIONAL SHEET

| | | | |
|---|--|---|--|
| MWBE Subcontractor/Supplier Name: Chatham Cleaning Services | | 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: Lorraine Santana | | Federal Identification No.: 80-0748480 | Telephone No.: 516-351-2410 |
| Address: 734 Franklin Avenue #602, Garden City, NY 11530 | | Email Address: EXR79@yahoo.com | |
| Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work | | | |
| 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 based on contractual spending in this firms area _____ or _____% | | | |
| MWBE Subcontractor/Supplier Name: Ecosym, LLC | | 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: Shakiru O. Kazeem | | Federal Identification No.: 26-46493471 | Telephone No.: 646-371-3087 |
| Address: 601 Albany Avenue Suite 2N, Brooklyn, NY 11203 | | Email Address: | |
| Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work | | | |
| 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 based on contractual spending in this firms area _____ or _____% | | | |
| MWBE Subcontractor/Supplier Name: Southern Belle Cleaning Service | | 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: Lakeisha Alston | | Federal Identification No.: 463845141 | Telephone No.: 347-622-3186 |
| Address: 1381 Linden Blvd. Suite 15J, Brooklyn, NY 11212 | | Email Address: sbcs#@southernbelcleaningservice.com | |
| Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work | | | |
| 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 based on contractual spending in this firms area _____ or _____% | | | |
| MWBE Subcontractor/Supplier Name: Genett Group, Inc. | | 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: Shirley Basso | | Federal Identification No.: 1339670178 | Telephone No.: 914-761-3070 |
| Address: 76 Mamarondeck Avenue, Ste 15, White Plains, NY 10601 | | Email Address: genettegroup@verizon.net | |
| Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work | | | |
| 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 based on contractual spending in this firms area _____ or _____% | | | |
| MWBE Subcontractor/Supplier Name: C & G Cleaning Service | | 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: Neil Grant | | Federal Identification No.: | Telephone No.: 347-433-8169 ext 502 |
| Address: 9422 -0212 Street, Queens Village, NY 11428 | | Email Address: neil@cgcleaningsvc.com | |
| Detailed Description of work to be provided by subcontractor/supplier: See Attached RFQ Scope of Work | | | |
| 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 based on contractual spending in this firms area _____ or _____% | | | |

Page 3 of 3