



**MWBE UTILIZATION PLAN**

Contract No.: RFP 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. Intervid, Inc. 5111 Pegasus Court, Suite C, Frederick, MD 21704 Federal Identification No. 52-1368578	Contract Description Location (Region): Statewide	MWBE Goals In Contract MBE <u>10</u> % WBE <u>10</u> %
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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		
Access Technology Integration, Inc. 461 Main Ave, Wynantskill, NY 12198 518-237-8510 <u>TINA@ATIACCESSCONTROL.COM</u>	56-2652558	<input type="checkbox"/>	X <input type="checkbox"/>	Low voltage system integrator used to augment Intervid staff as required on a subcontractor basis.	Unknown
R&J Telecom Inc. 211 Park Ave., Mechanicville, NY 12118 518-785-1703 <u>mbradwell@rj-telecom.com</u>	20 4518651	<input type="checkbox"/>	X <input type="checkbox"/>	Business will provide fiber optic products, structured cabling and a broker for electronic components	Unknown
Gomez Electrical Contractors Inc. 251 North Pearl Street, Albany, NY 12207 518-427-8365 <u>jagomez513@aol.com</u>	Owner would not give out EIN w/o contract but is willing to partner with us.	X <input type="checkbox"/>	<input type="checkbox"/>	Business will provide electrical contracting	Unknown

**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 <u>csteyn@intervid.com</u>	
Name and Title of Preparer (Print or Type) <u>Collin Steyn</u>	Telephone No. <u>301-698-0086</u>	Date <u>1/21/15</u>

**FOR MWBE USE ONLY**

Reviewed By	Date <u>3/18/15</u>
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>3/23/15</u>

Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date <u>3/23/15</u>	Description of Work
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>3/23/15</u>	