



NYS OFFICE OF GENERAL SERVICES

Serving New York

**MWBE UTILIZATION PLAN**

Contract No.: PT64315

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. LPC INC., 7100 NEW HORIZONS BLVD., NORTH AMITYVILLE, NY 11701 (631) 321-7600		Contract Description Location (Region) REGIONS 1,2,3,5	MWBE Goals In Contract MBE <u>10</u> % WBE <u>10</u> %
Federal Identification No. 11-3181416			

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		
KND ELECTRIC 120-B BROOK AVENUE, DEER PARK, NY 11729 (631)242-1708 NANCI-JEAN@KNDELECTRIC.COM	11-3419637	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ELECTRICAL	TBD
IDL ELECTRIC 1076 CASTLETON AVE, STATEN ISLAND, NY 10310 (718) 442-9099 PAV@IDLELECTRIC.COM	11-3637659	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ELECTRICAL	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) <i>Tara Dilello</i>	Email Address TDILELLO@BGELECTRICAL.COM
Name and Title of Preparer (Print or Type) TARA DILELLO - PAYROLL/HR SUPERVISOR	Telephone No. 631-708-7105
	Date 3-24-15

**FOR MWBE USE ONLY**

Reviewed By <i>[Signature]</i>	Date 3/25/15			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/25/15			
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Description of Work		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/25/15			