



Office of  
General Services

Office of Minority and Women-Owned  
Businesses & Community Relations

Commodities and Services

Submitt Completed Plan To

Office of Minority and Women-Owned  
Businesses & Community Relations  
30th Floor, Downing Tower  
The Governor Nelson A. Rockefeller Empire State Plaza  
Albany, New York 12242  
Phone 518-435-8284 Fax 518-486-9229

Award 22984  
Group 21510

# MWBE UTILIZATION PLAN

Initial Plan  Revised plan Contract/Solicitation # Group 21510

**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

### MWBE Goals In Contract

Bidder/Contractor Name: Landscape Forms Inc	NYS Vendor ID: 1000009246	MBE <b>5</b> %
Bidder/Contractor Address (Street, City, State and Zip Code): 491 Lawndale Ave Kalamazoo Mi 49048		WBE <b>5</b> %
Bidder/Contractor Telephone Number: 269-337-1247	Contract Work Location/Region: NYS	
Contract Description/Title: Park and Playground Equipment		

## CONTRACTOR INFORMATION

Prepared by (Signature):	Name and Title of Preparer: ALLEN WHITE, SALES OPERATIONS Mgr	Telephone Number: 269 337 1211	Date: 12-18-15
Email Address: allenw@landscapeforms.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)

MWBE Subcontractor/Supplier Name: AIT Worldwide Logistics	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: Lorrie Fairchild	Federal Identification No.:	Telephone No.: 734-326-9140	
Address: 30255 Beverly Road, Romulus MI 48174	Email Address: lfairchild@cfsdtw.com		
Detailed Description of work to be provided by subcontractor/supplier: Air Freight, Freight Forwarding, Shipping, Transportation Services			
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): \$ _____ or _____ 5 %			
MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
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): \$ _____ or _____ %			

## FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature:	<input type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): Anuola Surajuk	MBE %/ \$ _____	WBE %/ \$ <b>5</b>	Date: 3/31/16
Comments: Contractor will continue good faith efforts throughout contract term.			
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <a href="https://ny.newnycontracts.com/FrontEnd/ VendorSearchPublic.asp?TN=ny&amp;XID=2528">https://ny.newnycontracts.com/FrontEnd/ VendorSearchPublic.asp?TN=ny&amp;XID=2528</a>			
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.			