

# MWBE UTILIZATION PLAN

Initial Plan     Revised plan    Contract/Solicitation # 22962

**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:<br>Markes International Inc                                   | NYS Vendor ID:<br>1100126227      | MBE                    | % |
| Bidder/Contractor Address:<br>11126 Kenwood Road, Suite D Cincinnati, Ohio 45242      |                                   | WBE                    | % |
| Bidder/Contractor Telephone Number: 513-745-0241                                      | Contract Work Location/Region: NY |                        |   |
| Contract Description/Title: Advanced Scientific Equipment and Instruments (statewide) |                                   |                        |   |

| CONTRACTOR INFORMATION                                  |   |                                   |                  |
|---|---|-----------------------------------|------------------|
| Prepared by (Signature):<br><i>Vanessa Frost Barnes</i> | Name and Title of Preparer:<br>Vanessa Frost Barnes | Telephone Number:<br>513-745-0241 | Date:<br>8/28/15 |
| Email Address: VFROSTBARNES@MARKES.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:<br><i>Anuola Surgick</i> | <input checked="" type="checkbox"/> Accepted | <input type="checkbox"/> Accepted as Noted | <input type="checkbox"/> Notice of Deficiency |
| NAME (Please Print):<br>Anuola Surgick                  | MBE %/\$<br>5                                | WBE %/\$<br>5                              | Date:<br>9/21/15                              |
| Comments:   |  |  |   |

**NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION:** The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnyccontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=2628>  
**Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.**

|   |   |                                |  |
|---|---|--------------------------------|--|
| MWBE Subcontractor/Supplier Name:<br>Minortech, 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:<br>John Marcaida  | Federal Identification No.:<br>1101343314   | Telephone No.:<br>585-247-1610 |  |
| Address:<br>40 Hytec Circle Rochester, NY 14606   | Email Address:<br>marcaida@minortech.com  |                                |  |
| Detailed Description of work to be provided by subcontractor/supplier:<br>Supply/Chemical/OEM Reseller  |   |                                |  |
| 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 2 to 5 % |   |                                |  |

|   |   |                                |  |
|---|---|--------------------------------|--|
| MWBE Subcontractor/Supplier Name:<br>Corporate Leasing Associates   | 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:<br>David Lesnick  | Federal Identification No.:<br>133233978  | Telephone No.:<br>212-732-5571 |  |
| Address:<br>21 Morris Avenue Rockville Centre, NY 11570   | Email Address:<br>david@leasecorp.com   |                                |  |
| Detailed Description of work to be provided by subcontractor/supplier:<br>Manufacturer/supply/equipment leasing   |   |                                |  |
| 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 2 to 5 % |   |                                |  |

# ADDITIONAL SHEET

|   |  |   |   |
|---|--|---|---|
| <b>MWBE Subcontractor/Supplier Name:</b><br>WIT Logistics DBA WALKER INTERNATIONAL  |  | <b>MWBE Certification:</b> <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)                              |   |
| Please identify the person you contacted: <i>TRANSPORTATION,</i><br>Emmett Walker <i>LLC</i>  |  | Federal Identification No.:<br>11-3495847   | Telephone No.:<br>516-256-7428  |
| Address:<br>70 East Sunrise, Suite 611 Valley Stream, NY 11581  |  | Email Address:<br>asollitto@witlogistics.com  |   |
| Detailed Description of work to be provided by subcontractor/supplier:<br>logistics & warehousing   |  |   |   |
| 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 <u>1 to 2</u> %  |  |   |   |
| <del> <b>MWBE Subcontractor/Supplier Name:</b><br/>                     Ward Consulting, LLC                 </del>   |  | <del> <b>MWBE Certification:</b> <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)                 </del> |   |
| <del>                     Please identify the person you contacted:<br/>                     Nolan Fischer                 </del>   |  | <del>                     Federal Identification No.:                 </del>  | <del>                     Telephone No.:<br/>                     203-977-8226                 </del> |
| <del>                     Address:<br/>                     1450 Washington Blvd. 409S, Stamford CT 06902                 </del>  |  | <del>                     Email Address:<br/>                     nolanf@wardconsultingllc.com                 </del>   |   |
| <del>                     Detailed Description of work to be provided by subcontractor/supplier:<br/>                     Supply chain management services, physical distribution, and logistics consulting services, and general warehousing and storage.                 </del> |  |   |   |
| <del>                     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 <u>1 to 2</u> %                 </del>                           |  |   |   |
| <b>MWBE Subcontractor/Supplier Name:</b><br>VG FRANCIS LOGISTICS INC  |  | <b>MWBE Certification:</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)   |   |
| Please identify the person you contacted:<br>VICTOR FRANCIS   |  | Federal Identification No.:   | Telephone No.:<br>866-970-8866 718-669-1533?  |
| Address:<br>800 EAST 180TH STREET SUITE 6G BRONX, NY 10460  |  | Email Address:<br>vgfrancislogistics@gmail.com  |   |
| Detailed Description of work to be provided by subcontractor/supplier:<br>BROKER - TRUCKING; BROKERS, TRANSPORTATION; FREIGHT BROKER  |  |   |   |
| 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 <u>1 to 2</u> %  |  |   |   |
| <b>MWBE Subcontractor/Supplier Name:</b><br>RK LOGISTICS GROUP INC THE  |  | <b>MWBE Certification:</b> <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)                              |   |
| Please identify the person you contacted:<br>RODNEY KALUNE  |  | Federal Identification No.:   | Telephone No.:<br>800-821-7770  |
| Address:<br>41707 Christy Street Fremont, CA 94538  |  | Email Address:<br>judik@rklogisticsgroup.com  |   |
| Detailed Description of work to be provided by subcontractor/supplier:<br>AIR FREIGHT SERVICE; ENGINEERING - CIVIL; FREIGHT FORWARDING; WAREHOUSING AND STORING   |  |   |   |
| 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 <u>1 to 2</u> %  |  |   |   |
| <b>MWBE Subcontractor/Supplier Name:</b><br>KLN LOGISTICS CORPORATION DBA AIT<br>Worldwide Logistics  |  | <b>MWBE Certification:</b> <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)                   |   |
| Please identify the person you contacted:<br>Teri Britnell  |  | Federal Identification No.:<br>59-3798535   | Telephone No.:<br>440-816-1505  |
| Address:<br>6749 EASTLAND ROAD SUITE C MIDDLEBURG HEIGHTS, OH<br>44130  |  | Email Address:<br>tbritnell@aitworldwide.com  |   |
| Detailed Description of work to be provided by subcontractor/supplier:<br>AIR FREIGHT SERVICE; FREIGHT FORWARDING; TRANSPORTATION PLANNER; TRUCKING 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 <u>1 to 2</u> %  |  |   |   |

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# ADDITIONAL SHEET

|  |  |  |                                |
|--|--|--|--------------------------------|
| <b>MWBE Subcontractor/Supplier Name:</b><br>JPC Logistics LLC  |  | <b>MWBE Certification:</b> <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only) |                                |
| Please identify the person you contacted:<br>Asma Hashmi   |  | Federal Identification No.:  | Telephone No.:<br>908-905-0204 |
| Address:<br>216 US Highway 206 Suite 18 Hillsborough, NJ 8844  |  | Email Address:<br>asma@jpcengineering.com  |                                |
| Detailed Description of work to be provided by subcontractor/supplier:<br>Construction Inspection; Engineering- Civil; Technical Consulting Services; Asphalt Testing, Soil Testing; Welding Inspection & Testing; |  |  |                                |
| 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 <u>1 to 2</u> %             |  |  |                                |
| <b>MWBE Subcontractor/Supplier Name:</b><br>Commercial Freight Services Inc.   |  | <b>MWBE Certification:</b> <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only) |                                |
| Please identify the person you contacted:<br>Lorri Fairchild   |  | Federal Identification No.:  | Telephone No.:<br>734-326-9140 |
| Address:<br>30255 Beverly Road Romulus MI 48174  |  | Email Address:<br>lfairchild@cfsdtw.com  |                                |
| Detailed Description of work to be provided by subcontractor/supplier:<br>AIR FREIGHT SERVICE; FREIGHT FORWARDING; SHIPPING; TRUCKING 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 <u>1 to 2</u> %             |  |  |                                |
| <b>MWBE Subcontractor/Supplier Name:</b><br>A W L I Group Inc DBA Amber Worldwide Logistics  |  | <b>MWBE Certification:</b> <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only) |                                |
| Please identify the person you contacted:<br>Elaine Rosendorf  |  | Federal Identification No.:<br>11-3024184  | Telephone No.:<br>718-244-8923 |
| Address:<br>147-60 175th Street Jamaica NY 11434   |  | Email Address:<br>elaine@amberworldwide.com  |                                |
| Detailed Description of work to be provided by subcontractor/supplier:<br>AIR FREIGHT SERVICE; FREIGHT FORWARDING; TRUCKING 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 <u>1 to 2</u> %             |  |  |                                |
| <b>MWBE Subcontractor/Supplier Name:</b>   |  | <b>MWBE Certification:</b> <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 _____ %                     |  |  |                                |
| <b>MWBE Subcontractor/Supplier Name:</b>   |  | <b>MWBE Certification:</b> <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 _____ %                     |  |  |                                |

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