NYS Office of General Services
Serving New York

MWBE UTILIZATION PLAN

Contract No.: 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.	Contract Description Location (Region)	MWBE Goals in Contract
New York Security Systems, Inc. 20 Industrial Dr.; Middletown, NY 10941 Federal Identification No. 14-1641882	Security and Facility Systems and Solutions	MBE 10 % WBE 10 %

Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED MBE	NYS ESD CERTIFIED WBE	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
Alpha Telecommunications Inc 34 Silver St, Suite LL2; Elmont, NY 11003 631-939-5742 tmcnairn@alphatelecommunications.com		☒	☐	Closed circuit surveillance systems	TBD
M Zion Security Systems Corp 20 Cortlandt St, 16th Fl; NY, NY 10007 212-233-3538 aspingold@mzion.com		☐	☒	Electronic Security Systems	TBD
Point Sentry Inc 48 Wall St, 11th Fl; NY, NY 10005 646-575-5545 tony@pointsentry.com		☒	☐	Closed circuit surveillance systems	TBD

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 M/WBE 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 AEM@NYSSI.com	
Name and Title of Preparer (Print or Type) Allan Markoff, President	Telephone No. 845-692-2000	Date 8/5/15

FOR M/WBE USE ONLY

Reviewed By				Date 8/6/15
Utilization Plan Approved ☒ Yes ☐ No				Date 9/15/15
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued ☐ Yes ☒ No	Date	Description of Work		
Notice of Acceptance Issued ☒ Yes ☐ No	Date 9/15/15			

MWBE 100 (5/12)