



Office of General Services

Office of Minority and Women-Owned Businesses & Community Relations

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned Businesses & Community Relations
29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-486-9285

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # 22719

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.

Table with 2 columns: BIDDER/CONTRACTOR INFORMATION and MWBE Goals in Contract. Includes fields for Bidder/Contractor Name, NYS Vendor ID, Bidder/Contractor Address, and MWBE/WBE percentages.

Bidder/Contractor Telephone Number: 205-327-8171 Contract Work Location/Region: State of New York

Contract Description/Title:

CONTRACTOR INFORMATION

Prepared by (Signature): Keith Nelson Name and Title of Preparer: Keith Nelson - President Telephone Number: 205-327-8171 Date: 08/31/2015

Email Address: knelson@precisionpipe.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: [Signature] Accepted [X] Accepted as Noted [] Notice of Deficiency []

NAME (Please Print): Anuola Surgick MBE %/\$ _____ WBE %/\$ _____ Date: 9/16/15

Comments:

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=2528

Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

MWBE Subcontractor/Supplier Name: Amber Worldwide Logistics MWBE Certification: [] MBE [X] WBE (If firm is dual certified please select one only)

Please identify the person you contacted: Patrick Pike Federal Identification No.: 11-3024184 Telephone No.: 718-244-8923

Address: 147-60 175th Street, Jamaica, NY 11434 Email Address: elaine@amberworldwide.com

Detailed Description of work to be provided by subcontractor/supplier: 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 5 %

MWBE Subcontractor/Supplier Name: K & B Summers, Inc. MWBE Certification: [] MBE [X] WBE (If firm is dual certified please select one only)

Please identify the person you contacted: Becky Federal Identification No.: 23-2498785 Telephone No.: 717-733-3139

Address: 40 Garden Spot Road Suite 101, Ephrata, PA 17522 Email Address: becky@summerstrucking.com

Detailed Description of work to be provided by subcontractor/supplier: 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 5 %

ADDITIONAL SHEET

MWBE Subcontractor/Supplier Name: E & R Williams Trucking		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: Mike Mallare		Federal Identification No.: 16-1468647	Telephone No.: 716-691-8001
Address: 174 N. Ellicott Creek Road		Email Address: lmbona@mallareenterprises.com	
Detailed Description of work to be provided by subcontractor/supplier: 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 5 _____ %			
MWBE Subcontractor/Supplier Name: Borwegen Trucking, Inc.		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: Sharon		Federal Identification No.: 14-1664197	Telephone No.: 518-966-4561
Address: 6570 State Route 81, Greenville, NY 12083		Email Address: terry@borwegen.com	
Detailed Description of work to be provided by subcontractor/supplier: 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 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 _____ %			
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 _____ %			
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 _____ %			

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