



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  
26th 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 # 66962

**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: PerkinElmer Health Sciences, Inc.	NYS Vendor ID: 1000005284	MBE	5 %
Bidder/Contractor Address: 710 Bridgeport Avenue, Shelton, CT 06484		WBE	5 %
Bidder/Contractor Telephone Number: 203.712.8480		Contract Work Location/Region: ALL	
Contract Description/Title: Advanced Scientific Equipment and Instruments (Statewide)			

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>Janet E. Drew</i>	Name and Title of Preparer: Janet E. Drew	Telephone Number: 203.712.8480	Date: August 27, 2015
Email Address: janet.drew@perkinelmer.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: <i>Anuola Surgick</i>	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): Anuola Surgick	MBE %/\$ <u>5%</u>	WBE %/\$ <u>5%</u>	Date: 9/28/15
Comments: AIR TIGER EXPRESS IS NOT NYS CERTIFIED			

**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: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: Elaine Rosendorf	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: Delivery of Scientific equipment and intruments to State agencies.			
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): \$TBD or %			

MWBE Subcontractor/Supplier Name: AIR TIGER EXPRESS (USA) 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: WEI YI (RICHARD) CHU	Federal Identification No.: unknown at this time	Telephone No.: 718-917-6700	
Address: 149-09 183 ST, SPRINGFIELD GARDENS, NY 11413	Email Address: jt@exo.airtiger.com		
Detailed Description of work to be provided by subcontractor/supplier: Delivery of Scientific equipment and intruments to State agencies.			
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): \$TBD or %			

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# ADDITIONAL SHEET

MWBE Subcontractor/Supplier Name: Walker International Transportation, LLC		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: Emmett Walker		Federal Identification No.: 11-3495847	Telephone No.: 516-256-7428
Address: 70 East Sunrise Highway, Suite 611, Valley Stream, NY 11581		Email Address: asolitto@willogistics.com	
Detailed Description of work to be provided by subcontractor/supplier: Delivery of Scientific equipment and instruments to State agencies.			
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): \$TBD 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 %			
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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Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
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