

MWBE UTILIZATION PLAN

RFP = 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. Sapling, Inc. 1633 Republic Rd Huntingdon Valley, PA 19006 (215) 322-6063 Federal Identification No. 23-2732498	Contract Description Location (Region) New York State <i>Security + Facility Systems</i>	MWBE Goals In Contract MBE <u>10</u> % WBE <u>10</u> %
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Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED		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
		MBE	WBE		
Decision Distribution 33 S Delaware Ave Yardley, PA 19067 (215) 493-4400	47-3269599	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached <i>Value Added Reseller (VAR)</i>	\$12,000 in annual clock sales

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 MWBE 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) <i>Alana M Houle</i>	Email Address alanah@sapling-inc.com
Name and Title of Preparer (Print or Type) Alana Houle	Telephone No. (215) 322-6063 Date 04/29/2016

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date 5/6/16
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date

Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Description of Work <i>Accepted with Notice. Contractor will continue "good faith efforts" to secure MWBE participation throughout the duration of contract.</i> MWBE 100 (5/12)
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 5/6/16	