



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: RFP20191

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. Vehicle Tracking Solutions LLC 152 Veterans' Memorial Hwy Commack, NY 11725 Federal Identification No. 04-3656951	Contract Description Location (Region) New York - All	MWBE Goals in Contract MBE ___10___ % WBE ___10___ %
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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		
Richard Scott Inc. DBA Broadway Auto Clinic 3 Wolfert Ave Menaps, NY 12204 518-434-4077	14-1791554	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Installation Service / Emergency Service	To be determined - Based on goals above
Max Fleet & Auto Service 115 Montgomery Ave Staten Island, NY 10301 718-727-8889	27-0340948	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Installation Service / Emergency Service	To be determined - Based on goals above
		<input type="checkbox"/>	<input type="checkbox"/>		

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)	Email Address keith@vehicletracking.com
Name and Title of Preparer (Print or Type) Keith Lindahl / Accountant	Telephone No. 631-492-1152
	Date 4/25/16

FOR MWBE USE ONLY

Reviewed By	Date 4/26/16
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 4/26/16

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
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 4/26/16	