



Office of
General Services

Office of Minority and Women-Owned
Business Enterprises

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned
Business Enterprises
20th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518/475-1284 Fax: 518/475-1287

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #PC67237

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 Enterprises (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: <i>WESCO Distribution, Inc.</i>	NYS Vendor ID: <i>1000008999</i>	MBE	<i>10%</i>
Bidder/Contractor Address (Street, City, State and Zip Code): <i>225 W. Station Sq. Drive, Suite 700, Pittsburgh, PA 15219</i>		WBE	<i>10%</i>
Bidder/Contractor Telephone Number: <i>412.953.7755</i>		Contract Work Location/Region: <i>Statewide</i>	
Contract Description/Title: <i>Group 39000-Industrial & Commercial Supplies and Equipment</i>			

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>[Signature]</i>	Name and Title of Preparer: <i>Lee Osterman, Government GM</i>	Telephone Number: <i>240.632.1547</i>	Date: <i>4/13/16</i>
Email Address:			

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)

MWBE Subcontractor/Supplier Name: <i>East Coast Metallic Tubing & Hardware Supply Corp.</i>	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: <i>Deborah Ehmann</i>	Federal Identification No.: <i>300015655</i>	Telephone No.: <i>631.676.5570</i>	
Address: <i>1951 Ocean Avenue, Unit #4, Ronkonkoma, NY 11940</i>	Email Address: <i>eastcoastmthsc@aol.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Reseller of Electrical, Cable-Data Comm, Safety & Security Products</i>			
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): <i>\$25,000</i> or _____%			

MWBE Subcontractor/Supplier Name: <i>MinoriTech, Inc.</i>	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: <i>Patricia Marcaida</i>	Federal Identification No.: <i>161343314</i>	Telephone No.: <i>585.247.1610</i>	
Address: <i>15 Hytec Circle, Rochester, NY 14606</i>	Email Address: <i>pmarcaida@minoritech.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Full-service order management from RFP/RFQ to order placement to invoicing & customer service for state agencies wishing to purchase contract WESCO products.</i>			
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): <i>\$25,000</i> or _____%			

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: <i>[Signature]</i>	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): <i>Anuola Surgick</i>	MBE %/\$ <i>10%</i>	WBE %/\$ <i>10%</i>	Date Received: <i>4/18/16</i>
Comments: <i>Page 1 of 2</i>	Date Processed: <i>4/18/16</i>		

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.

ADDITIONAL SHEET

Bidder/Contractor Name: <i>WESCO Distribution, Inc.</i>	Contract/Solicitation # <i>PC67237</i>
---	--

MWBE Subcontractor/Supplier Name: <i>FM Office Express, Inc.</i>	MWBE Certification: X MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: <i>Fabricio Morales</i>	Federal Identification No.: <i>161478699</i>	Telephone No.: <i>585.238.2899</i>	
Address: <i>106 Despatch Drive, East Rochester, NY 14445</i>	Email Address: <i>fmorales@fmop.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Full-service order management from RFP/RFQ to order placement to invoicing & customer service for state agencies wishing to purchase contract WESCO products.</i>			
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): <i>\$25,000</i> 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 _____%			

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 _____%			

Page 2 of 2