



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: 22779

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. <u>Main Brothers Oil Co Inc</u> <u>1 Booth Lane, Albany, NY 12205</u> <u>800-542-5552</u> Federal Identification No. <u>14-6024844</u>	Contract Description Location (Region) <u>Heating Fuel Oil</u> <u>Multiple Counties</u>	MWBE Goals In Contract MBE <u>5</u> % WBE <u>5</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		
<u>RTE Transport</u> <u>12311 NY Rt 23</u> <u>Ashland, NY 12407</u>	<u>141782882</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Trucking</u>	<u>200,000 Est / Trucking</u> <u>Contract Specific</u>
<u>Arrowhead Equipment</u> <u>2011 Central Ave., Albany, NY</u> <u>12205</u>	<u>141694146</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Cranes / Truck Equipment</u>	<u>7000 Est</u> <u>Truck Equipment</u>
<u>Partners in Safety</u> <u>800 Rt. 17N, Middletown, NY</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Pre employment / Random</u> <u>Drug & Alcohol Testing</u>	<u>1000 Est Occupational</u> <u>Medical - DOT</u> <u>Required Testing</u>

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) <u>Marcia J Booth</u>	Email Address <u>mbooth@maincareenergy.com</u>
Name and Title of Preparer (Print or Type) <u>Marcia J Booth</u>	Telephone No. <u>800-542-5552 ext 1104</u> Date <u>10/13/14</u>

FOR MWBE USE ONLY

Reviewed By <u>[Signature]</u>	Date <u>10/14/14</u>			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>10/14/14</u>			
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated

Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work <u>Acceptance with notice, one MWBE is pending certification</u>
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>10/14/14</u>	