



MWBE UTILIZATION PLAN

Contract No.: IFB 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. Morgan Fuel & Heating Co Inc 2785 West Main St., Wappingers Falls, NY 12590	Federal Identification No. 14-1420673	Contract Description Location (Region) Statewide contract for Heating Fuel Oil	MWBE Goals in Contract MBE 5% WBE 5%
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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		
Anderson Medical P.C. dba Emergency 1 urgent care & diagnostic center 40 Hurley Avenue, Kingston NY 12401 (845) 338-5600 tmartin@eone-kingston.com		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drug testing for Service Technicians & Oil Drivers	5% of the component of contract
Carol Temporaries Inc 41 Route 17K, Newburgh, NY 12550 (845)565-7128 carol@caroltemporaries.com		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hiring of Temporary or Seasonal Drivers	5% of the component of contract
Perfect Cut Landscaping Inc/Hudson Valley Trucking DBA Hudson valley Trucking - 24 Country Club Dr., Florida NY 10921 (845) 651-4263 no email avail.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transporting of Fuels to our different locations and maintaining the grounds of buildings.	5% based on supply, demand and avilability

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form 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 rbottini@bottinifue.com
Name and Title of Preparer (Print or Type) Anthony R. Bottini Jr, Vice President	Telephone No. 845-297-5580 Date 9-8-2014

FOR MWBE USE ONLY

Reviewed By	Date 9/29/14			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 9/29/14			
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 8/26/14	Comments:		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 9/29/14			