



# 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. <b>Superior Plus Energy Services Inc.</b>	Federal Identification No. <b>16-0736353</b>	Contract Description Location (Region) <b>Monroe County and surrounding Counties</b>	MWBE Goals In Contract <b>MBE 10 % WBE 10%</b>
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Certified M/WBE 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		
Tra-Lin Corp		<input type="checkbox"/>	<input checked="" type="checkbox"/>	They will potentially deliver diesel for us if we get awarded Counties they can service. Namely, Monroe, Ontario, Livingston, Orleans, Wayne, and Wyoming	20%
		<input type="checkbox"/>	<input type="checkbox"/>		
		<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 BDC 333)**

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the M/WBE 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 <b>ptandlmayer@griffithenergy.com</b>
Name and Title of Preparer (Print or Type) <b>Paul Tandlmayer, Director</b>	Telephone No. <b>1-800-724-2552</b> Date <b>9/29/14</b>

**FOR MWBE USE ONLY**

Reviewed By <i>Paul Tandlmayer</i>	Date <b>9/29/14</b>			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <b>9/29/14</b>			
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	Comments:		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <b>9/29/14</b>			