



MWBE UTILIZATION PLAN

Contract No.: PC65183

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. VANTAGE EQUIPMENT 5985 COURT ST RD SYRACUSE MU 13206	Federal Identification No. 201334835	Contract Description Location (Region) EQUIPMENT RENTAL STANDBY PC65183	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		
COMMERCIAL MAINT. SUPPLY	WBENC# ESDF-0289	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SHOP SUPPLIES	<i>We will begin using this company</i>
MALLARE ENTERPRISES	E-0323	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAULING AND TRUCKING	<i>We will use them for hauling in the Batavia area</i>
		<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 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) <i>Anne Jackson</i>	Email Address <i>anne.jackson@vantagequip.com</i>
Name and Title of Preparer (Print or Type) <i>Anne M. Jackson Municipal Sales</i>	Telephone No. <i>315-437-2611</i> Date <i>10/17/14</i>

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date <i>10/17/14</i>			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>10/17/14</i>			
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 <i>10/15/14</i>	Comments:		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>10/17/14</i>			