



MWBE UTILIZATION PLAN

Contract No.: PS66569

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. 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.

Contractor's Name, Address and Telephone No. DRC Emergency Services, LLC 740 Museum Drive Mobile, AL 36608 (504)482-2848	Federal Identification No. 63-1283729	Contract Description Location (Region) Emergency Management and Homeland Security Services	MWBE Goals in Contract MBE 15 % WBE 15 %
--	---------------------------------------	--	--

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		
Donelly Construction Inc, P.O. Box 150 Mellenville, NY 12118 Carrie@donnellyconstruction.net (518) 664-9435	14-1771716	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work zones traffic control and rentals	
Skyline Industries, LLC 45-10 Vernon Blvd. Long Island City, NY 11101	35-2386004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provide trucks for emergency debris removal services	
Aspen landscaping Contracting, Inc. 1121 Springfield Road Union, NJ 7083 908-964-8883		<input checked="" type="checkbox"/>	<input type="checkbox"/>	LANDSCAPE;ARCHITECTURE; LANDSCAPE CONSULTING	

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>Kristy Fuentes</i>	Email Address kfuentes@drcusa.com
Name and Title of Preparer (Print or Type) Kristy Fuentes	Telephone No. 504-482-2848 Date 6/24/15

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date 6/25/15
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 6/29/15

Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
--------------	-----------------------------	---------------------	---------------------------	---------------------------

Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Comments: 1 of 3 pages
---	------	-------------------------------



MWBE UTILIZATION PLAN

Contract No.: PS66569

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. 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.

Contractor's Name, Address and Telephone No. DRC Emergency Services, LLC 740 Museum Drive Mobile, AL 36608 (504)482-2848		Federal Identification No. 63-1283729	Contract Description Location (Region) Emergency Management and Homeland Security Services	MWBE Goals In Contract MBE % WBE %
--	--	---------------------------------------	---	--

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		
Hydroseed It Company Calli Macdowall 114 Deyo Hill Road Johnson City, NY 13790 607-760-6939		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hydroseeding and Landscaping	
H U R B LANDSCAPING INC RACHEL BOISVORT 4278 ALBANY STREET ALBANY, NY 12205 518-464-5030		<input type="checkbox"/>	<input checked="" type="checkbox"/>	GROUNDSMAINTENANCE; INDUSTRIALCLEANING; INDUSTRIAL DESIGN SERVICES; INDUSTRIALTRUCKS TRACTORS;LANDSCAPE ARCHITECTURE;MAINTENANCE; SNOW REMOVAL SERVICES	
NAL Water, Inc Christopher Clarke 155 Swan Lane Poughkeepsie, NY 12603 914-715-5646		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bottled water provider, distributor and direct selling.	

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>Kristy Fuentes</i>	Email Address <u>kfuentes@drcusa.com</u>
Name and Title of Preparer (Print or Type) <u>Kristy Fuentes, VP Secretary and Treasurer</u>	Telephone No. <u>504-482-2848</u> Date <u>6/29/15</u>

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date <u>6/26/15</u>
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>6/29/15</u>

2 of 3 pages



MWBE UTILIZATION PLAN

Contract No.: PS66569

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. 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.

Contractor's Name, Address and Telephone No. DRC Emergency Services, LLC 740 Museum Drive Mobile, AL 36608 (504)482-2848	Federal Identification No. 63-1283729	Contract Description Location (Region) Emergency Management and Homeland Security Services	MWBE Goals In Contract MBE % WBE %
--	---------------------------------------	---	--

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		
ZIZZA HIGHWAY SERVICES INC ARLENE ZIZZA 382 CONCHESTER HWY GLEN MILLS, PA 19342		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work zones traffic control and rentals	LANDSCAPING; TREE REMOVAL; TREE SERVICES
		<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 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>Kristy Fuentes</i>	Email Address <u>kfuentes@drcusa.com</u>
Name and Title of Preparer (Print or Type) <u>Kristy Fuentes</u>	Telephone No. <u>504-482-2848</u> Date <u>6/24/15</u>

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date <u>6/29/15</u>			
Utilization Plan Approved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date <u>6/29/15</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 checked="" type="checkbox"/> No	Date	Comments: <u>3 of 3 pages</u>		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>6/29/15</u>			