

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned
Businesses & Community Relations
29th Floor, Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-486-9285



**Office of
General Services**

**Office of Minority and Women-Owned
Businesses & Community Relations**

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #22913

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Minority and Women-owned Business Enterprise (MWBE) under the contract. By submission of this Plan, the Bidder/Contractor commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. 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. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		MWBE Goals In Contract
Bidder/Contractor Name: <i>Downey-Goodlein Elevator Corporation</i>	NYS Vendor ID: <i>16-0909993</i>	MBE 5%
Bidder/Contractor Address (Street, City, State and Zip Code): <i>10 Pixley Industrial Parkway Rochester, New York 14624</i>		WBE 5%
Bidder/Contractor Telephone Number: <i>(585) 429-6676</i>	Contract Work Location/Region: <i>Western New York</i>	
Contract Description/Title: <i>Group 71004- Elevator, Escalator and Miscellaneous Lift Equipment Preventive and Corrective Maintenance</i>		

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>Susan E. McCorry</i>	Name and Title of Preparer: <i>Susan E. McCorry, C.E.O.</i>	Telephone Number: <i>(585) 429-6676</i>	Date: <i>11/20/2015</i>
Email Address: <i>susan@dgelevator.com</i>			

IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)

MWBE Subcontractor/Supplier Name: <i>Downey-Goodlein Elevator Corporation</i>	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (if firm is dual certified please select one only)		
Please identify the person you contacted: <i>Susan E. McCorry</i>	Federal Identification No.: <i>16-0909993</i>	Telephone No.: <i>(585) 429-6676</i>	
Address: <i>10 Pixley Industrial Parkway Rochester, New York 14624</i>	Email Address: <i>susan@dgelevator.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Elevator & Lift Equipment Maintenance</i>			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ <i>Value TBD</i> or _____ %			

MWBE Subcontractor/Supplier Name: <i>North American Elevator Products, Inc.</i>	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified please select one only)		
Please identify the person you contacted:	Federal Identification No.: <i>11-2930179</i>	Telephone No.: <i>(718) 784-1840</i>	
Address: <i>4009 21st Street, Long Island City, NY 11101</i>	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier: <i>Part Supplier</i>			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ <i>Value TBD</i> or _____ %			

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: <i>Anuola Surgick</i>	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): <i>Anuola Surgick</i>	MBE %/\$ <i>5</i>	WBE %/\$ <i>5</i>	Date: <i>12/2/15</i>
Comments:			

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontractis.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=2528>
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

ADDITIONAL SHEET

Bidder/Contractor Name: <i>Downey-Goodlein Elevator Corporation</i>		Contract/Solicitation # <i>22913</i>	
MWBE Subcontractor/Supplier Name: <i>JHP Industrial Supply Co., Inc.</i>		MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
		<i>16-1161590</i>	<i>(315) 422-0050</i>
Address: <i>321 West Taylor Street, Syracuse, New York 13202</i>		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier: <i>Part Supplier</i>			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ <i>Value TBD</i> or _____ %			
MWBE Subcontractor/Supplier Name:		MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %			
MWBE Subcontractor/Supplier Name:		MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %			
MWBE Subcontractor/Supplier Name:		MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %			
MWBE Subcontractor/Supplier Name:		MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted:		Federal Identification No.:	Telephone No.:
Address:		Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %			

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