

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.

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|--|--|-------------------------------|-----|
| BIDDER/CONTRACTOR INFORMATION | | MWBE Goals In Contract | |
| Bidder/Contractor Name: Slade Industries Inc. | NYS Vendor ID: 1000017050 | MBE | 5 % |
| Bidder/Contractor Address: 1101 Bristol Road Mountainside, NJ 07094 | | WBE | 5 % |
| Bidder/Contractor Telephone Number: 212-724-7117 | Contract Work Location/Region: 1,2 & 3 | | |

Contract Description/Title:
Elevator, Escalator & Miscellaneous Lift Equipment Preventive Maintenance and Corrective Maintenance

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|--|---|-----------------------------------|----------------------------|
| CONTRACTOR INFORMATION | | | |
| Prepared by (Signature): <i>[Signature]</i> | Name and Title of Preparer: Paul Bollinger | Telephone Number: 212-724-7117 | Date: Nov. 16, 2015 CEC |
| Email Address: ralvigg@slade-elevator.com | | | |

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)

FOR OGS MWBE USE ONLY

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

Comments: Titan Machine Corp is not NYS certified as of 12/2/15

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=2528>

Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

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| MWBE Subcontractor/Supplier Name: CEC Elevator Cab Co. | 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: Carlos Vega Jr | Federal Identification No.: 11-3013502 | Telephone No.: 718-301-3502 | |
| Address: 8540 Madis St. Bronx, NY | Email Address: carlos@cecelevator.com | | |

Detailed Description of work to be provided by subcontractor/supplier:
Elevator cab repair and upgrade if required during the term of the contract

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): \$Unknown or Unknown %

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|--|---|--------------------------------|--|
| MWBE Subcontractor/Supplier Name: Veronimos Painting & Home Improvement | 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: Roni Watts | Federal Identification No.: 11-3631650 | Telephone No.: 646-326-0877 | |
| Address: 307 West 38th St. New York, NY | Email Address: veronimospainting@yahoo.com | | |

Detailed Description of work to be provided by subcontractor/supplier:
Painting of elevator motor rooms and pits if required during the term of the contract.

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): \$Unknown or Unknown %

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ADDITIONAL SHEET

| | | | |
|---|--|---|--------------------------------|
| MWBE Subcontractor/Supplier Name: Cater Michman % Frank | | 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: Claire Rechtweg | | Federal Identification No.: 11-2231463 | Telephone No.: 718-361-2300 |
| Address: 28-10 37 th Ave Long Island City NY | | Email Address: www.cmftool.com | |
| Detailed Description of work to be provided by subcontractor/supplier: Supplier of tools and industrial supplies | | | |
| 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): \$Unknown or Unknown % | | | |
| MWBE Subcontractor/Supplier Name: Titan Machine Corp. | | 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: Carlos Escobar | | Federal Identification No.: 11-2298183 | Telephone No.: 718-361-7848 |
| Address: 4211 9 th Street | | Email Address: | |
| Detailed Description of work to be provided by subcontractor/supplier: Machine Shop service for elevator equipment | | | |
| 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): \$Unknown or Unknown % | | | |
| 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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