



Office of General Services

Office of Minority and Women-Owned Businesses & Community Relations

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

MWBE UTILIZATION PLAN

[X] 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
Bidder/Contractor Name: ThyssenKrupp Elevator Corporation
NYS Vendor ID: 1000018413
Bidder/Contractor Address: 59 Otis Street, West Babylon, NY 11704
Bidder/Contractor Telephone Number: 631-242-6506
Contract Work Location/Region: Statewide
Contract Description/Title: Solicitation Number 22913 - Elevator, Escalator & Miscellaneous Lift Equipment Preventative & Corrective Maintenance (Statewide)

CONTRACTOR INFORMATION
Prepared by (Signature): Frank Waters
Name and Title of Preparer: Frank Waters - Account Executive
Telephone Number: 631-242-6506
Date: 11/9/15
Email Address: frank.waters@thyssenkrupp.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)

MWBE Subcontractor/Supplier Name: CC Elevator Cab Corporation
MWBE Certification: [X] MBE [] WBE
Please identify the person you contacted: Anthony Formato
Federal Identification No.: 113103502
Telephone No.: 718-328-3632
Address: 540 Manida Street - Bronx, NY 10474
Email Address: aformato@ccelevator.com
Detailed Description of work to be provided by subcontractor/supplier: Elevator Cab Remodeling
Dollar Value of subcontracts/supplies/services: \$TBD or TBD %

MWBE Subcontractor/Supplier Name: North American Elevator Products
MWBE Certification: [X] MBE [] WBE
Please identify the person you contacted: Mons Kaur
Federal Identification No.: Will Advise
Telephone No.: 718784-2840
Address: 40-09 21st Street - Long Island City, NY 11101
Email Address: mona@naeelevator.com
Detailed Description of work to be provided by subcontractor/supplier: Elevator Parts
Dollar Value of subcontracts/supplies/services: \$TBD or TBD %

FOR OGS MWBE USE ONLY
OGS MWBE Authorized Signature: [Signature]
[] Accepted [X] Accepted as Noted [] Notice of Deficiency
NAME (Please Print): Anuola Surgick
MBE %/\$: 5 WBE %/\$: 5
Date: 12/3/15
Comments:

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.