



## MWBE UTILIZATION PLAN

Contract No.: \_\_\_\_\_

**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. Core Facility Services LLC 1120 Avenue of the Americas, New York, NY 10036 - 646-223-1812 Federal Identification No. 27-4450918	Contract Description Location (Region) RFP# 1794 - HVAC at Perry Duryea State Office Building	MWBE Goals In Contract MBE <u>20</u> % WBE _____ %
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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		
Maverick Building Services 22 Chestnut Street, Rutherford, NJ 07070 201-939-2611	222-713-139	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Material and Supplies for the contract	\$75,680.56 Intended performance throughout contract
		<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 MWBE 101/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)	Email Address gbassignani@coresllc.com
Name and Title of Preparer (Print or Type) Greg Bassignani - Vice President	Telephone No. 646.223.1812
Date 1/16/14	

**FOR MWBE USE ONLY**

Reviewed By	Date 1/21/2014			
Utilization Plan Approved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date 1/21/2014			
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 1/22/14	Description of Work
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	