



**MWBE UTILIZATION PLAN**

Contract No.: Solicitation Number: 1859

**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. Guardian Service Industries, Inc., 161 Avenue of the Americas, 4 <sup>th</sup> Floor, New York, NY 10013	Federal Identification No. 132878147	Contract Description Location (Region) Building Systems Maintenance and Operations at the Shirley A. Chisholm State Office Building Brooklyn, New York	MWBE Goals In Contract MBE 10 % WBE 10%
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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		
Profitech LLC	13-3978457	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplier of Material	2%
Yuen Ling Associates	27-0117003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HVAC materials and repairs	6%
Central City Supply	16-1424299	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Specialty valves and Parts	10%

**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 M/WBE 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>[Signature]</i>	Email Address mpecoraro@guardian-service.com
Name and Title of Preparer (Print or Type) Michael Pecoraro, Senior Operations Manager	Telephone No. 644-442-8951 Date 8/5/14

**FOR MWBE USE ONLY**

Reviewed By <i>[Signature]</i>	Date 8/29/14
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 9/5/14

Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Comments:
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 9/5/14	



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		MBE	WBE		
JHP Supplies	16-1161590	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplier of materials	2%
		<input type="checkbox"/>	<input type="checkbox"/>		TBD
		<input type="checkbox"/>	<input type="checkbox"/>		TBD

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