



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

28th 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

Initial Plan Revised plan Contract/Solicitation #RFQ-1934

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: <i>Sullivan-Hernandez Agency, Inc.</i>	NYS Vendor ID: <i>NYSV 1100099465</i>	MWBE Goals In Contract	
Bidder/Contractor Address (Street, City, State and Zip Code): <i>161-15 Rockaway Blvd. Suite 109, Queens, NY 11434</i>		MBE	15%
Bidder/Contractor Telephone Number: <i>917-833-3842</i>		WBE	15%
Contract Description/Title: <i>Insurance Consultant Services</i>		Contract Work Location/Region:	

CONTRACTOR INFORMATION

Prepared by (Signature): <i>[Signature]</i>	Name and Title of Preparer: <i>Yolanda Sullivan, President</i>	Telephone Number: <i>(917) 833-3842</i>	Date: <i>02/16/16</i>
Email Address: <i>ysullivan@shagency.org</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>Precision Healthcare Consultant</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: <i>Vanessa Best</i>	Federal Identification No.:	Telephone No.:	
Address: <i>1488 Wales Avenue Baldwin NY 11510</i>	<i>11-3277133</i>	<i>516-771-7554</i>	
Email Address: <i>vbest@precisionhcc.com</i>			
Detailed Description of work to be provided by subcontractor/supplier: <i>Insurance Training and Education</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>\$28,050</i> or _____ %			

MWBE Subcontractor/Supplier Name: <i>Sullivan-Hernandez Agency</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>self performing prime</i>	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 _____ %			

FOR OGS MWBE USE ONLY

OGS 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): <i>Aniola Surgick</i>	MBE %/\$ _____	WBE %/\$ _____	Date: _____
Comments: <i>Prime contractor is a NYS Certified WBE.</i>			

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

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