



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: 1786

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. Aon Risk Services, Inc. of Washington, D.C. 1120 20 th Street NW, Suite 600, Washington, DC 20036 202-262-5268	Contract Description Location (Region): Insurance Broker (s) of Record	MWBE Goals In Contract MBE _10 % WBE _10%
Federal Identification No.		

Certified M/WBE 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		
Sullivan-Hernandez Agency, Inc. 161-15 Rockaway Blvd. Suite 109 Jamaica, NY 11434 Phone: 917.833.3842 Email: ysullivan@shagency.org	11-3628809	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sullivan-Hernandez Agency, Inc. will provide assistance to Prime contractor for placement of insurance, loss control, claims consulting, and training	Lot 1 – 5, Brokerage: 20% of commissions earned Lot 6, Consulting: \$41,000

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 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)	Email Address: bill.becker@aon.com
Name and Title of Preparer (Print or Type) William F. Becker, Executive Vice President	Telephone No.: 202-262-5268
	Date 10/31/2013

FOR M/WBE USE ONLY

Reviewed By	Date 10/31/13
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 10/31/13

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 type="checkbox"/> No	Date	Description of Work
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	