



Office of
General Services

Office of Minority and Women-Owned
Business Enterprises

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned
Business Enterprises

23rd Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-457-3271 Fax: 518-457-9285

MWBE UTILIZATION PLAN

Initial
Plan

Revised plan

Contract/Solicitation

#OGS01-
C003711-
1140000

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 Enterprises (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		MWBE Goals In Contract	
Bidder/Contractor Name: <i>Cardiac Life Products</i>	NYS Vendor ID: <i>1000029635</i>	MBE	<i>15%</i>
Bidder/Contractor Address (Street, City, State and Zip Code): <i>349 West Commercial St. East Rochester, NY 14445</i>		WBE	<i>15%</i>
Bidder/Contractor Telephone Number: <i>585-507-4243</i>		Contract Work Location/Region: <i>Various locations throughout New York State</i>	
Contract Description/Title: <i>Automatic External Defibrillator (AED) Service at locations throughout New York State</i>			

CONTRACTOR INFORMATION			
Prepared by (Signature): 	Name and Title of Preparer: <i>Robin Vogt, Director</i>	Telephone Number: <i>585-507-4243</i>	Date: <i>9.28.16</i>
Email Address: <i>rvogt@cardiaclife.net</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>LifeSavers</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>Marcus Pierre</i>	Federal Identification No.:	Telephone No.:	
Address: <i>109-29 124th St South Ozone Park, NY 11420</i>	Email Address: <i>contact@lifesaversny.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Instruct American Heart Association Training Classes and perform onsite inspections of AEDs</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>\$48,300.00</i> or <i>15</i> %			

MWBE Subcontractor/Supplier Name: <i>Cardiac Life Products</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>Robin Vogt</i>	Federal Identification No.:	Telephone No.:	
Address: <i>349 West Commercial St. East Rochester, NY 14445</i>	Email Address: <i>rvogt@cardiaclife.net</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>American Heart Association CPR Training, Onsite AED Maintenance, Medical Direction and AED and Certified Responder Tracking</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>\$321,993.00</i> or <i>100</i> %			

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: 	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): <i>Anuola Surgick</i>	MBE %/\$ <i>15%</i>	WBE %/\$ <i>15%</i>	Date Received: <i>9/27/16</i>
Comments:	Date Processed: <i>9/28/16</i>		

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnyccontracts.com/FrontEnd/ VendorSearchPublic.asp?TN=ny&XID=2528>
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.