



Office of Minority/Women-Owned Business Enterprise (MWBE)
 DIVISION OF FINANCE
 41st 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

Revised Plan

Contract No. #1629

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. 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, Telephone No. <i>New York State Industries For the Disabled.</i> <i>11 Columbia Circle Dr, Albany, NY 12203 518-463-9706</i> Federal Identification No. <i>13-2841179</i>	Contract Description Location (Region) <i>Corning Tower/Health Labs - Sanitorial Services</i>	MWBE Goals in Contract MBE <u>10</u> % WBE <u>7</u> %
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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		
<i>Rayben Enterprises, Inc.</i> <i>31 Railroad Ave, Albany, NY 12203</i> <i>518-426-7643</i>	<i>14-1645981</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Full-service Janitorial work</i>	<i>Approx. \$ 300,000</i>
		<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 (MWBE 101)

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 NYCRR Part 143. Failure to submit complete and accurate information may result in a finding of noncompliance and/or termination of the contract.

Prepared By (Signature) <i>Cory Heritage</i>	Email Address <i>Cheritage@nysid.org</i>
Name and Title of Preparer (Print or Type) <i>Cory Heritage, Regional Sales Manager</i>	Telephone No. <i>518-463-9706</i> Date <i>4/19/11</i>

FOR MWBE USE ONLY

Reviewed By <i>Dypphina Ramsey</i>	Date <i>4/27/11</i>
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date

Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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		