



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

CMU52AB

Contract No.: _____

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. 585-429-6676 Downey-Goodlein Elevator Corp. 10 Pixley Industrial Parkway Rochester, NY 14624 Federal Identification No. 16-0909993	Contract Description Location (Region) PD #1780 - Elevator Maintenance at the Mahoney State Office Building Buffalo, NY	MWBE Goals In Contract MBE <u>15</u> % WBE <u>5</u> %
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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 mch component of the contract
		MBE	WBE		
Downey-Goodlein Elevator Corp. 10 Pixley Industrial Pkwy. Rochester, NY 14624 585-429-6676 e-mail: susan@dgelevator.com	16-0909993	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevator Maintenance and repair	\$103,428.00
North American Elevator Products, Inc. 40-09 21 st Street, Long Island City, NY 11101 718-784-2840 mathew@naelevator.com	11-2930179	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase parts on an as needed basis, if required	Unknown
		<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 (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) <i>Susan E McCorry</i>	Email Address susan@dgelevator.com
Name and Title of Preparer (Print or Type) Susan E. McCorry, C.E.O.	Telephone No. 585-429-6676 ext. 223
	Date December 6, 2012

Reviewed By <i>Christopher Ruskay</i>	Date <i>12/6/12</i>
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>12/6/12</i>

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			