



MWBE UTILIZATION PLAN

Contract No.: IFB #1879

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. Global Industrial Services Inc. 6800 Jericho Tpk Suite 102w Syosset, NY 11791 516-802-4855		Federal Identification No. 11-3053562		Contract Description Location (Region) James A. Farley SOB		MWBE Goals in Contract MBE % WBE 20 %	
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				
Sourcing Unlimited Group	27 2909619	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment & Supplies	\$25,000 + annually		
		<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 (Form BDC 333)

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 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>[Signature]</i>	Email Address S.Schwartz@globalServices-usa.com
Name and Title of Preparer (Print or Type) Scott Schwartz President	Telephone No. 516-802-4855 Date 7/25/14

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date 7/29/14			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 8/1/14			
Contract No.	Project No. (if applicable) IFB #1879	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Comments:		
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			