



Design and Construction

AN ISO 9001:2008 CERTIFIED ORGANIZATION

Office of Minority and Women-Owned Business Enterprises, 29th 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

Contract No.: **IFB1848**

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.

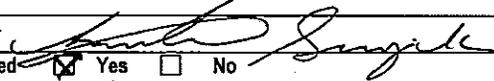
Contractor's Name, Address and Telephone No. Insparisk Group Inc. 18-10 Whitestone Expressway, 3rd Floor Whitestone, NY 11357		Federal Identification No. 113158710		Contract Description Location (Region) Elevator Inspections Services Regions 2, 3 and 4		MWBE Goals in Contract MBE 0 % WBE 10%	
Certified 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				
Empire Elevator Inspection Services 111 Delaware Ave. Rensselaer, NY 12144 (518)283-3028 leavenworth@nycap.rr.com/		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Periodic Inspection and Maintenance Quality Control Audits and Test Witnessing	\$26,640.50/August 2014		
		<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)	Email Address robert@insparisk.com	
Name and Title of Preparer (Print or Type) Robert Ognjenovic, VP Inspection Operations	Telephone No. 888-464-6772	Date 6/25/14

FOR MWBE USE ONLY

Reviewed By 	Date 6/25/14			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 6/25/14			
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 6/20/14	Comments:		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 6/25/14			