



MWBE UTILIZATION PLAN

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. J. Martin Associates, Inc. 8 Armour Road, Mahawah, NJ 07430	Federal Identification No. 22-2996502	Contract Description Location (Region) Elevator Inspections and Witnessing in accordance with A17.1 in Region 1	MWBE Goals In Contract MBE 5 % WBE 5 %
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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		
J. Martin Associates, Inc. 8 Armour Road, Mahawah, NJ 07430. 201-529 5585 michele@jmartinconsulting.com	22-2996502	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevator Inspections and Witnessing	Self- performing prime
DPC (DBA) MFS Consulting Engineers 2780 Hamilton Blvd., South Plainfield, NJ 07080 T: 908.922.4622 ks@mfsengineers.com	27-0679027	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mechanical - Electrical Design	10%
		<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 michele@jmartinconsulting.com
Name and Title of Preparer (Print or Type) Michele O'Toole	Telephone No. 201-529-5585 Date 07/29/14

FOR MWBE USE ONLY

Reviewed By	Date 7/29/14			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 7/29/14			
Contract No. _____	Project No. (if applicable) IFB 1848	Contract Award Date _____	Estimated Completion Date _____	Contract Amount Obligated _____
Notice of Deficiency Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 7/10/14	Comments:		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 7/29/14			