



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: 1856

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. ThyssenKrupp Elevator 500 Executive Boulevard, Suite 135 Elmsford, NY 10523 Federal Identification No .62-1211267		Contract Description Location (Region)	MWBE Goals In Contract MBE <u>5</u> % WBE <u>5</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		
LIFT SOLUTIONS INC 5225 138 TH DRIVE SE, SNOHOMISH, WA 98290		X	<input type="checkbox"/>	ELEVATOR SUPPLIES AND PARTS; MANUFACTURER'S REPRESENTATIVE; MARKETING CONSULTANTS; VERTICAL TRANSPORTATION CONSULTING & DESIGN	Vendor supplies parts, we will purchase any parts for this job through this vendor. <u>1070</u>
		<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 MWBE 101/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>Paige R. Grillo</i>	Email Address <u>Paige.grillo@thyssenkrupp.com</u>
Name and Title of Preparer (Print or Type) <u>Paige R. Grillo</u>	Telephone No. <u>914-406-9657</u> Date <u>3/21/14</u>

FOR MWBE USE ONLY

Reviewed By <i>Scott Szymik</i>	Date <u>3/25/14</u>
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>3/25/14</u>

Contract No.	Project No. (if applicable)	Contract Award Date <u>\$58,270.20</u>	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>2/28/14</u>	Description of Work
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>3/25/14</u>	