



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: 1770

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. Otis Elevator Company 20 Loudonville Road, Albany, NY 12204 518-426-4006	Contract Description Location (Region) PD # 1770	MWBE Goals in Contract MBE <u>5</u> % WBE <u>5</u> %
Federal Identification No.		

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		
Titan Machine Corp 42-11 9 Street Long Island City, NY 11101 PH 718 361-7848	11-2298183	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Misc. Parts/machine parts/	Est. \$15,000 <i>yearly</i>
Downey-Goodlein Elevator Corp. 10 Pixley Industrial Parkway Rochester, NY 14624 585-429-6676 ext. 223	16-0909993	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Misc. parts/fixtures/cab materials	Est. \$30,000 <i>yearly</i>
Lift Solutions, Inc. Products That Elevate Your Business A Nationally Certified MBE/DBE Company	91-2178517	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door equipment	Est. \$12,000 <i>yearly</i>

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>Stefanie A. Sitcer</i>	Email Address Stefanie.sitcer@otis.com
Name and Title of Preparer (Print or Type) Stefanie Sitcer	Telephone No. 518-426-4006
	Date 3/7/14

FOR MWBE USE ONLY

Reviewed By <i>Amos Dujie</i>				Date	3/10/14
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Date	3/11/14
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date				
	3/12/14				