



NYS OFFICE OF GENERAL SERVICES

Serving New York

**MWBE UTILIZATION PLAN**

Contract No.: C003519

**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. (516) 328-2898 Parkway Exterminating Co., Inc. DBA Parkway Pest Services 100 Jericho Turnpike New Hyde Park, NY 11040 Federal Identification No. 112129896	Contract Description Location (Region) Integrated Pest Management at the James A. Farley Building 380 West 33 <sup>rd</sup> street New York, NY 10199	MWBE Goals in Contract MBE 10 % WBE 10%
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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		
BLACK WIDOW PEST CONTROL 15 DELERES DR. VALLEY STREAM BLACKWIDOW PEST C-ADL. COA NY.	N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PEST CONTROL	2197.00 1 <sup>st</sup> year
BELLA OIL CORP. 509 STEWART AVE. GARDEN CITY PAUL & BELLA OIL COY N.Y.	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AUTO SERVICE	2197.00 1 <sup>st</sup> year
		<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)	Email Address	PSPASATO@PARKWAYPEST.COM	
Name and Title of Preparer (Print or Type) Patsy Spasato	Telephone No.	516 328 2989	Date 3/10/14

FOR MWBE USE ONLY

Reviewed By	Date	3/18/14
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date	3/19/14

Contract No. C003519	Project No. (If applicable) JES 1839	Contract Award Date 4/1/2014	Estimated Completion Date 1/31/2019	Contract Amount Obligated
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Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Description of Work
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/19/14	