



NEW YORK STATE OFFICE OF GENERAL SERVICES
 DIVISION OF FINANCE
 40th Floor, Corning Tower
 The Governor Nelson A. Rockefeller Empire State Plaza
 Albany, New York 12242
 (518)474-5981(p) (518)473-2844(f)

Please See Attachment

CO3255
 Contract No.: 1631

MWBE UTILIZATION PLAN

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. 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.

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|--|--|---|
| Contractor's Name, Address and Telephone No. <i>PEC Group of NY, Inc. (845) 803-8478 935 South Lake Blvd. Suite F Mohopac NY 12541 (06-1489060)</i> | Contract Description Location (Region) <i>SECURITY Guard Services Perry Duryea STATE OFFICE Building</i> | MWBE Goals in Contract MBE <u>4</u> % WBE <u> </u> % |
| Federal Identification No. <u>06-1489060</u> | | |

| 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 | | |
| <i>Alliance Health Safety Service 551 Broadway, MASSAPEQUA NY 11758 Tel. 332 240-9059</i> | | <input type="checkbox"/> | <input type="checkbox"/> | <i>Drug Testing</i> | <i>\$ 1,835.00</i> |
| <i>Angieys Collections (Ramesh Agarwal) 47 North Green Bush Road W. NYACK NY 10994 Ph # 845 356-0018/Ragrawa6156@gmail.com</i> | <i>262761324</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <i>Uniform Shirts & Jackets</i> | <i>\$ 3,700.00</i> |
| <i>LMN Printing Company 23 W. Merrick Road, Valley Stream NY (516) 285-8526 Noreen Carra (Noreen@LMNPrinting.com)</i> | <i>112284235</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <i>Printed goods and Paper Supplies</i> | <i>1,611.00</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.

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|--|--|
| Prepared By (Signature) <i>Angie Pfeiffer</i> | Email Address <i>Angie Pfeiffer</i> |
| Name and Title of Preparer (Print or Type) <i>Angela Pfeiffer Operations Director</i> | Telephone No. <i>845 805 8478</i> |
| | Date <i>10/14/2011</i> |

FOR MWBE USE ONLY

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|---|-------------------------|
| Reviewed By <i>Druephina Ramsey</i> | Date <i>10/17/11</i> |
| Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date |

| | | | | |
|--------------|-----------------------------|---------------------|---------------------------|---------------------------|
| 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 type="checkbox"/> Yes <input type="checkbox"/> No | Date | |