



MWBE UTILIZATION PLAN

Contract No.: IFB 1869

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. Postler & Jaeckle Corp 615 South Ave Rochester, NY 14620	Federal Identification No. 16-0874552	Contract Description Location (Region) IFB 1869 Chiller Maintenance at The Senator Hughes SOB	MWBE Goals In Contract MBE 5 % WBE 5%
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Certified M/WBE 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		
EKP Mechanical, LLC. 615 South Avenue Rochester, NY 14620 585-325-3130 bethh@bhpping.com	73-1668254	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supplemental labor and material	NTE \$2,100.00
		<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 BDC 333)

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the M/WBE 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>Maryanne Schum</i>	Email Address maryanne@postler.com
Name and Title of Preparer (Print or Type) Mary Anne Schum, Controller	Telephone No. 585-546-7450 Date <u>9/29/14</u>

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date <u>9/29/14</u>			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>9/29/14</u>			
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	Comments:		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>9/29/14</u>			