



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: 1771

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. Schindler Elevator Corporation 620 12 th Avenue, New York, NY 10036 Federal Identification No. 34-1270056	Contract Description Location (Region) New York City James A Farley Building 421 8 th Avenue, NY NY 10001	MWBE Goals In Contract MBE <u>10.1</u> % WBE <u>8</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		
Carter, Milchman & Frank 28-10 37 th Av., LIC 11101 <u>bernelle@cmftool.com</u> 718 -361-2300	11-2231463	<input type="checkbox"/>	X <input type="checkbox"/>	Industry supplies/materials	\$160,000.00
North American Elevator products inc 40-09 21 st st , LIC NY 11101 718-784-2840- Matthew@naelevator.com	11-2930179	X <input type="checkbox"/>	<input type="checkbox"/>	Industry supplies/materials	\$1,400.00
		<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 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>Megan Shields</i>	Email Address Megan.shields@us.schindler.com	
Name and Title of Preparer (Print or Type) Megan Shields	Telephone No. 212-708-1172	Date 2/19/14

FOR M/WBE USE ONLY

Reviewed By <i>Anita Singh</i>	Date 3/21/14
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Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/24/14
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Contract No. CMU60AJ	Project No. (if applicable)	Contract Award Date 3/14/14	Estimated Completion Date 3/14/2017	Contract Amount Obligated \$510,739.20
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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 3/24/14	