



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: 1855

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 587 West Bear Street Syracuse, NY 13204 315-472-4308 Federal Identification No. 34-1270056	Contract Description Location (Region) Binghamton State Office Building 44 Hawley Street Binghamton, NY 13901	MWBE Goals In Contract MBE <u>5</u> % WBE <u>5</u> %
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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		
Schmit Machine 40-09 21 st St Long Island City, NY 11101		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elevator machine repair services	\$9,000.00 – machine shop services. Services will be contracted for whenever there is a necessary machine repair.
Carter Milchman & Frank Inc 28-10 37 th Ave Long Island City, NY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tools and Fasteners	\$18,000.00 – tools and fasteners required for this contract will be purchased through this firm.
CEC Elevator Cab Corp 540 Manida St Bronx, NY 10474		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elevator interior panel design & manufacture	\$13,000.00 – cab interior material for potentially required repairs.

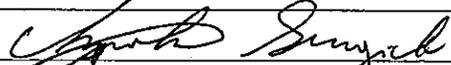
IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form MWBE 101/BDC 333)

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	sean.kumpf@us.schindler.com
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Name and Title of Preparer (Print or Type) Sean Kumpf, Branch Manager	Telephone No.	315-472-4308	Date	March 25, 2014
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FOR MWBE USE ONLY

Reviewed By 	Date	3/25/14
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Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date	3/26/14
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Contract No. 06S01-CMU60AK-114000P	Project No. (if applicable) 1855	Contract Award Date	Estimated Completion Date	Contract Amount Obligated \$ 405,817.24
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Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work
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Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date	3/26/14
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