NYS Office of General Services
Serving New York

MWBE UTILIZATION PLAN

Mini Bid
Contract No.: 1835

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.	Contract Description Location (Region)	MWBE Goals in Contract
Slade Industries Inc 1101 Bristol Road Mountainside NJ 212-724-7117. Federal Identification No. 22-2939964	Elevator Maintenance at 163 West 125th St & 55 Hansen Place	MBE 5 % WBE 0 %

Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED MBE	NYS ESD CERTIFIED WBE	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
CEC Elevator Cab Corp 540 Mandia St Bronx NY 10474 718-328-3632	11-3013502	☒	☐	Elevator cab work if required during the contract	to be cdetermined
Titan Machine 42-11 9th St. Long Island City NY 11101 718-3617848	11-2298183	☒	☐	Machine shop work for elevator parts	to be determined
Schmit Machine 40-09 21st Street, Long Island City NY 11101 718-784-0619	11-2610955	☒	☐	Machine shop work for elevator parts	to be determined

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) Robert Alviggi	Email Address ralviggi@slade-elevator.com	
Name and Title of Preparer (Print or Type) Robert Alviggi	Telephone No. 212-724-7117	Date 7/25/13

FOR M/WBE USE ONLY

Reviewed By				Date 7/26/13
Utilization Plan Approved ☒ Yes ☐ No				Date
Contract No.	Project No. (If applicable) 1835	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued ☐ Yes ☐ No	Date	Description of Work		
Notice of Acceptance Issued ☒ Yes ☐ No	Date 7/26/13			

MWBE 100 (5/12)