



Office of General Services

Office of Minority and Women-Owned Business Enterprises

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned Business Enterprises
29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-486-9285

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #PS65725

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Minority and Women-owned Business Enterprises (MWBE) under the contract.

BIDDER/CONTRACTOR INFORMATION
Bidder/Contractor Name: Summit Security Services, Inc.
NYS Vendor ID: 1000012808
Bidder/Contractor Address: 390 RXR Plaza, Uniondale, NY 11556
Bidder/Contractor Telephone Number: 516-240-2400
Contract Work Location/Region: Region 1 & Region 5
Contract Description/Title: uniformed security guard services

CONTRACTOR INFORMATION
Prepared by (Signature): [Signature]
Name and Title of Preparer: Nicholas M. Auletta, Co-President
Telephone Number: 516-240-2400
Date: 11/09/2016
Email Address: nauletta@summitsecurity.com

IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)

MWBE Subcontractor/Supplier Name: The John Carlos Group, LLC
MWBE Certification: [X] MBE [] WBE
Please identify the person you contacted: John Rafferty, President
Federal Identification No.: 454855479
Telephone No.: 718-499-8009
Address: 71-16 Myrtle Avenue, Glendale, NY 11385
Email Address: thejohncarlosgroup@gmail.com
Detailed Description of work to be provided by subcontractor/supplier: Unarmed, uniformed, Level I Security Officer Services at the James A. Farley Building
Dollar Value of subcontracts/supplies/services: \$902,131.26

MWBE Subcontractor/Supplier Name:
MWBE Certification: [] MBE [] WBE
Please identify the person you contacted:
Federal Identification No.:
Telephone No.:
Address:
Email Address:
Detailed Description of work to be provided by subcontractor/supplier:
Dollar Value of subcontracts/supplies/services: \$ _____ or _____ %

FOR OGS MWBE USE ONLY
OGS MWBE Authorized Signature: [Signature]
NAME (Please Print): Anuola Surjeck
Comments:
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/ VendorSearchPublic.asp?TN=ny&XID=2528
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.