



NYS OFFICE OF GENERAL SERVICES

Serving New York

**MWBE UTILIZATION PLAN**

Contract No.: 1858

**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. Thyssenkrupp Elevator, 6067 Corporate Dr. East Syracuse, NY 13057	Contract Description Location (Region) Elevator Maintenance at Dulles State Office Building in Watertown NY	MWBE Goals In Contract MBE <u>10</u> % WBE <u>0</u> %
Federal Identification No. 62-1211267		

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		
Lift Solutions 5225 138 <sup>th</sup> Dr SE Snotomish, WA 98290 360-862-8328 sarah@liftsolutions.net	91-2178517	X	<input type="checkbox"/>	Various Elevator Parts	Thyssenkrupp elevator will, upon necessity for the service under the terms of the contract, order replacement parts from Lift Solutions unless they do not stock the part or cannot deliver within the time requirements of the repair.
		<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 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 Wayne.Cleary@thyssenkrupp.com
Name and Title of Preparer (Print or Type) Wayne Cleary	Telephone No. 315-437-7542
Date 2-24-2014	

**FOR MWBE USE ONLY**

Reviewed By	Date 3/4/14
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/4/14

Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/4/14	Description of Work		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/5/14			

MWBE 100 (5/12)