



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: 1801

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. George S. Hall, Inc. 30 Chapin Road, Unit 1204 P.O. Box 103 Pine Brook, NJ 07058 973-227-5515 Federal Identification No. 364117017	Contract Description Location (Region) Operation and Maintenance at the James A. Farley Building 380 West 33 rd Street, New York, NY 10199	MWBE Goals In Contract MBE <u>10</u> % WBE <u>10</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		
Classico Building Maintenance, Inc. 2580 Boston Road, Bronx, NY 10467 718-881-5551 / mariarios@classicobmi.com	134162660	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mechanical service	\$965,000
		<input type="checkbox"/>	<input type="checkbox"/>		
		<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) <i>Reed Ell</i>	Email Address Reed.Ell@GSHgroup.com	
Name and Title of Preparer (Print or Type) Reed Ell, Director of Operations	Telephone No. 973-227-5515	Date 7/2/13

Reviewed By <i>Anuola Sanyale</i>	FOR MWBE USE ONLY	
Utilization Plan Approved Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date <i>7/8/13</i>	Date <i>7/8/13</i>

Contract No.	Project No. (If applicable) <i>1801</i>	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency Issued Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date <i>7/3/13</i>	Description of Work MWBE 100 (5/12)
Notice of Acceptance Issued Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date <i>7/8/13</i>	

RECEIVED

JUL 08 2013

BY: *[Signature]*