



**UNIVERSITY-WIDE MWBE/SDVOB PROGRAM
UTILIZATION PLAN**

SUNY Project No. _____ Bid Date: 1/28/2021 Agreement/Contract Value: \$87,970.00
 Chain Link Fence IFB 20/21-040MC
 Contractor: Fox Fence Enterprises Inc Primary Contact: Wilby Tapia
 Address: 417 Crooks Ave City: Clifton State: NJ Zip Code: 07011
 Phone Number: 201 655 0243 Fax Number: 973 340 3935 E-Mail: wtapia@foxfenceenterprisesinc.com

GOALS: MBE 19% WBE 11% SDVOB 6% Campus: SUNY

SUBCONTRACTOR	FEDERAL ID #	DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER	DESCRIPTION OF WORK OR SUPPLIES	SUBCONTRACTOR/SUPPLIER SCHEDULE	
				START DATE	COMPLETION DATE
Company Name: Nuvo Group Construction Inc Street Address: 335 Manhattan Ave Brooklyn NY 11211 Contact Name: Joe Falco E-Mail Address: nuvogroup1991@gmail.com Check One: SDVOB <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>		\$31,669.20 <i>35%</i>	Chain Link Fence, Post	TBD	TBD
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: nuvogroup1991@gmail.com Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>				TBD	TBD
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____				TBD	TBD



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Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>						Click here to enter a date.	Click here to enter a date.
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In accordance with the SUNY Contract Documents and Executive Law Article 15-A, my firm seriously expects to use the NYS certified MBE/WBE certified firms listed above. The Contractor shall immediately notify and request approval prior to any changes to this plan from the University-wide MWBE Program Office.

NAME: Wilby Tapia

TITLE: Project Manager

COMPANY OFFICER'S SIGNATURE

DATE:

3/29/2021

APPROVED: *

DEFICIENT:

MWBE PROGRAM COORDINATOR: _____

DATE: 4-23-21

**This Utilization Plan is approved per the approved MWBE waiver request.*