



COO2852  
2021-013MC

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

SUNY Project No. \_\_\_\_\_  
 Contractor: Johson Controls Fire Protection, LP  
 Address: 35 Arkay Drive, Suite 100  
 Phone Number: 631-404-1000

Bid Date: Click here to enter a date. Agreement/Contract Value: \$ 5,651,524.60  
 Primary Contact: Samantha Mercado  
 City: Hauppauge State: NY Zip Code: 11788  
 Fax Number: \_\_\_\_\_ E-Mail: Samantha.Mercado@Jci.com  
 GOALS: MBE 10 % WBE 10 % SDVOB 10 % Campus: Stony Brook University

SUBCONTRACTOR	FEDERAL ID #	DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER	DESCRIPTION OF WORK OR SUPPLIES	SUBCONTRACTOR/SUPPLIER SCHEDULE	
				START DATE	COMPLETION DATE
<b>Company Name:</b> <u>All Service Electric Inc.</u> <b>Street Address:</b> <u>57 Aberdeen Rd, Smithtown, NY 11787</u> <b>Contact Name:</b> <u>631-256-6800</u> <b>E-Mail Address:</b> _____ <b>Check One:</b> SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>	11-2568405	Should we have to do any electrical work that we cannot do, we will use them to perform the work. Best guess in dollar amount over 5 years is \$10,000.	Any installation of conduit and wire that may be needed during the five year contract term.	Click here to enter a date.	Click here to enter a date.
<b>Company Name:</b> <u>Montana</u> <b>Street Address:</b> <u>35-15 11th Street, LIC, NY 11106</u> <b>Contact Name:</b> _____ <b>E-Mail Address:</b> <u>Jennifer@montanadata.com</u> <b>Check One:</b> SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>	13-3853148	\$4,000 per year, Total of \$20,000 over 5 years.	To be used for any non-SimplexGrinnell parts or supplies needed to maintain the fire alarm system, provided they can supply.	Click here to enter a date.	Click here to enter a date.
<b>Company Name:</b> _____ <b>Street Address:</b> _____ <b>Contact Name:</b> _____ <b>E-Mail Address:</b> _____ <b>Check One:</b> SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>				Click here to enter a date.	Click here to enter a date.
<b>Company Name:</b> _____ <b>Street Address:</b> _____ <b>Contact Name:</b> _____ <b>E-Mail Address:</b> _____ <b>Check One:</b> SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>				Click here to enter a date.	Click here to enter a date.

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: Robert Salem TITLE: Area Sales Manager/Market Director

DATE: \_\_\_\_\_  
 Click here to enter a date.

APPROVED:  DEFICIENT:  MWBE PROGRAM COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

*Maria Bracco \**  
 \* Approved per SDVOB waiver granted 3-13-22  
 and MBE waiver granted 3-28-22

3-30-22