



2021-092 MC

**UNIVERSITY-WIDE MWBE PROGRAM
UTILIZATION PLAN**

SUNY Project No. RFQ #20/21-092MC

Bid Date: [Click here to enter a date.](#)

Agreement/Contract Value: \$93,730.00

Contractor: Roux Environmental Engineering & Geology, D.P.C.

Primary Contact: Kelly Coulon

Address: 209 Shafter Street

City: Islandia

State: NY

Zip Code: 11561

Phone Number: 631-232-2600

Fax Number: _____

E-Mail: kcoulon@rouxinc.com

GOALS: **MBE** _____%

WBE _____%

Campus: Stony Brook

SUBCONTRACTOR	FEDERAL ID #	DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER	DESCRIPTION OF WORK OR SUPPLIES	SUBCONTRACTOR/SUPPLIER SCHEDULE	
				START DATE	COMPLETION DATE
Company Name: <u>Hampton Clarke, Inc.</u> Street Address: <u>175 Rt 46W Fairfield, NJ 07004</u> Contact Name: <u>Rose DiMeo</u> E-Mail Address: <u>rdimeo@hcvlab.com</u> Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>	22-2679402	\$2,440 <i>2.6%</i>	Environmental Laboratory Testing	Click here to enter a date.	Click here to enter a date.
Company Name: <u>Hirani Engineering and Land Surveying, P.C.</u> Street Address: <u>120 West John Street Hicksville NY 11801</u> Contact Name: <u>Daniel Loscalzo</u> E-Mail Address: <u>dloscalzo@hiranigroup.com</u> Check One: SDVOB <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/>	11-3467754	\$20,500 <i>21.9%</i>	Civil Engineering Services	Click here to enter a date.	Click here to enter a date.
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.
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.

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: _____ TITLE: _____ COMPANY OFFICER'S SIGNATURE _____ DATE: _____

Kelly Coulon Principal Engineer _____ 5/9/2022

DATE: 7-22-2022

** Approved per approved MWBE-SDVOB waiver reducing/adjusting goals to MBE 21.9%, WBE 2.6% and SDVOB 0%.*