



UNIVERSITY-WIDE MWBE/SDVOB PROGRAM UTILIZATION PLAN

SUNY Project No. T002289
 Contractor: G.M. Earthmoving, Inc.
 Address: 345 Elsworth Street
 Phone Number: 631-567-0120

Bid Date: Click here to enter a date.

Agreement/Contract Value: \$159,952.36

Primary Contact: Sara Coffill

City: Holbrook

State: New York

Zip Code: 11741

Fax Number: 631-567-2233

E-Mail: sara@gmearthmoving.com

GOALS: MBE 24.9 %

WBE 5.1 %

SDVOB 6 %

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>G.M. EARTH MOVING INC.</u> Street Address: <u>345 ELSWORTH STREET HOLBROOK</u> Contact Name: <u>SARA COFFILL</u> E-Mail Address: <u>SARA@GMEARTHMOVING.COM</u> Check One: SDVOB ☐ MBE ☐ WBE ☒	<u>11-2044352</u>	<u>\$110,527.06</u> <u>69%</u>	PRIME CONTRACTOR	<u>4/1/2020</u> Click here to enter a date.	<u>3/31/2025</u> Click here to enter a date.
Company Name: <u>HALL ENTERPRISES</u> Street Address: <u>52 BAYVIEW AVE E. PATENT</u> Contact Name: <u>CHARLES HALL</u> E-Mail Address: <u>631-665-1744</u> Check One: SDVOB ☐ MBE ☒ WBE ☐	<u>11-3287584</u>	<u>\$39,826.14</u> <u>24.9%</u>	MATERIALS/TRUCKING EXCAVATION	<u>4/1/2020</u> Click here to enter a date.	<u>3/31/2025</u> Click here to enter a date.
Company Name: <u>M3C VENTURE GROUP</u> Street Address: <u>1521 MTR HWY BELLEVILLE</u> Contact Name: <u>OSBERT ORDUNA</u> E-Mail Address: _____ Check One: SDVOB ☒ MBE ☐ WBE ☐	<u>46-0923164</u>	<u>\$9,597.14</u> <u>6%</u>	MATERIALS/TRUCKING	<u>4/1/2020</u> Click here to enter a date.	<u>3/31/2025</u> Click here to enter a date.
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: SDVOB ☐ MBE ☐ WBE ☐				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:

Sara Coffill

TITLE:

President

COMPANY OFFICER'S SIGNATURE

[Signature]

DATE: 3-12-2020

Click here to enter a date.

APPROVED: ☒

DEFICIENT: ☐

MWBE PROGRAM COORDINATOR: _____

DATE: 5-6-2020