



UNIVERSITY-WIDE MWBE/SDVOB PROGRAM UTILIZATION PLAN

SUNY Project No. 22/23-120 MC
 Contractor: Annica Landscape + Tree Care
 Address: 108 Terrville Rd
 Phone Number: 631-924-4000

Bid Date: 07/10/2023 Agreement/Contract Value: \$1,114,600-
 Primary Contact: Craig Velez
 City: PJS State: NY Zip Code: 11776
 Fax Number: 631-821-3113 E-Mail: info@annicatree.com

GOALS: MBE 15 %WBE 15 %SDVOB %Campus:

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>OSBOS NURSERY</u> Street Address: <u>3810 Lake Ave. S. #100</u> Contact Name: <u>Leslie Anderson</u> E-Mail Address: <u>leslie@osbosnursery.com</u> Check One: SDVOB ☐ MBE ☐ WBE ☒	<u>11-3128513</u>	<u>77,875</u> <u>(5.51%)</u>	<u>Plant supplies, tools, topsoil, stones</u>	<u>11/01/23</u>	<u>10/31/28</u>
Company Name: <u>FRAP EARTHWORKS</u> Street Address: <u>7500 Main St. Unit 2A, Farmingdale</u> Contact Name: <u>Haroldine (T) Velez</u> E-Mail Address: <u>hvelez@frap-earthworks.com</u> Check One: SDVOB ☐ MBE ☐ WBE ☒	<u>11-3028701</u>	<u>11,875</u> <u>(.084%)</u>	<u>Grass, mulch, soil, plants, pruning, maintenance, soil, topsoil</u>	<u>11/01/23</u>	<u>10/31/28</u>
Company Name: <u>GIS BUILDERS SUPPLY</u> Street Address: <u>4701 101st Ave. #100, Hicksville</u> Contact Name: <u>Patricia Williams</u> E-Mail Address: <u>info@gisbuildersupply.com</u> Check One: SDVOB ☒ MBE ☐ WBE ☒	<u>11-2150180</u>	<u>18,775</u> <u>(1.33%)</u>	<u>Sheds, shears, safety equipments, tools, truck maintenance supplies</u>	<u>11/01/23</u>	<u>10/31/28</u>
Company Name: <u> </u> Street Address: <u> </u> Contact Name: <u> </u> E-Mail Address: <u> </u> 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: Craig Velez TITLE: President

COMPANY OFFICER'S SIGNATURE

DATE:

Click here to enter a date.

APPROVED: ☒ DEFICIENT: ☐ MWBE PROGRAM COORDINATOR: