



UNIVERSITY-WIDE MWBE/SDVOB PROGRAM UTILIZATION PLAN

0603923

\$291,570 x 5 years =
\$1,457,850

SUNY Project No. 23/24-036MC

Contractor: RESIDENTIAL FENCES CORP.

Address: 1775 RT 25,

Phone Number: 631-924-3011

GOALS: MBE 15 %

Bid Date: 8/08/2023

Primary Contact: SBU/IFB CHAIN LINK FENCING SERVICES

City: RIDGE,

State: NY

Fax Number: 631-924-3275

E-Mail: JOHNG@RFCFENCE.COM

Zip Code: 11961

WBE 15 %

SDVOB 6 %

Campus: STONY BROOK

Agreement/Contract Value: REQUIREMENTS BID

WBE
exp
12-18-20
but 13. still
valid

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>MILLENNIUM LIMITED CONTRACTING INC</u> Street Address: <u>PO BOX 732, MILLER PLACE, NY 11764</u> Contact Name: <u>RENEE WILLIAMS</u> E-Mail Address: <u>RWILLIAMS@MILLENNIUMCONTRACTING.COM</u> Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>	11-3410119	15% (\$218,677.50)	concrete footings	TO BE DETERMINED Click here to enter a date.	TO BE DETERMINED Click here to enter a date.
Company Name: <u>NORTHEASTERN FENCING AND RAILS</u> Street Address: <u>791 S. LONG BEACH AVE. FREEPORT, NY 11520</u> Contact Name: <u>GARRY PHILLIPS</u> E-Mail Address: <u>NORTHEASTERNFENCE@GMAIL.COM</u> Check One: SDVOB <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/>	26-4517779	15% (\$218,677.50)	chain link fence services	TO BE DETERMINED Click here to enter a date.	TO BE DETERMINED Click here to enter a date.
Company Name: <u>WARRIOR REBAR S CORPORATION</u> Street Address: <u>374 SILVA ST, HOLBROOK, NY 11741</u> Contact Name: <u>PATRICK CONNORS</u> E-Mail Address: <u>WARRIORREBAR1@GMAIL.COM</u> Check One: SDVOB <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>	47-3561234	6% (\$87,471.00)	material supplier, CLF services, concrete footings trucking	TO BE DETERMINED Click here to enter a date.	TO BE DETERMINED 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: JOHN GULINO

TITLE: PRESIDENT

DATE: 9/25/2023

Click here to enter a date.

APPROVED: ☒

DEFICIENT: ☐

MWBE PROGRAM COORDINATOR: _____

DATE: 9-28-2023