



UNIVERSITY-WIDE MWBE/SDVOB PROGRAM UTILIZATION PLAN

SUNY Project No. 22/23-096MC
Contractor: BBS Architects, Landscape Architects
& Engineers, PC
Address: 244 East Main Street
Phone Number: 631.475.0349

Bid Date: December 1, 2022 after a date.

Primary Contact: Kenneth Schupner, Partner

City: Patchogue State: New York Zip Code: 11772

Fax Number: 631.475.0361

E-Mail: schupner@bbsarch.com

Agreement/Contract Value: \$ 755,782

WBE 13.0 % SDVOB 6.0 % Campus: Stony Brook University

GOALS: MBE 17.0 %

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>Ysrael A. Seinuk, PC</u> Street Address: <u>228 E 45th St. New York, NY 10017</u> Contact Name: <u>George Ozga, Principal</u> E-Mail Address: <u>gozga@yaseinuk.com</u> Check One: SDVOB ☐ MBE ☒ WBE ☐	13-2882578	\$49,720 6.53 %	Structural Engineering	Click here to enter a date.	Click here to enter a date.
Company Name: <u>Trophy Point LLC</u> Street Address: <u>4588 S. Park Ave. Blasdel, NY 14219</u> Contact Name: <u>Rich Chudzik, Principal</u> E-Mail Address: <u>rchudzik@trophypoint.com</u> Check One: SDVOB ☒ MBE ☐ WBE ☐	81-4843762	\$27,140 3.54 %	Cost Estimating, Construction Phase Services	Click here to enter a date.	Click here to enter a date.
Company Name: <u>GdB Geospatial L.S. PC</u> Street Address: <u>88 Duryea Road, Melville, NY 11747</u> Contact Name: <u>Ryan Waters, Project Manager</u> E-Mail Address: <u>rwaters@gdbgeospatial.com</u> Check One: SDVOB ☐ MBE ☐ WBE ☒	27-4429063	\$26,742 3.54 %	Surveying	Click here to enter a date.	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: Kenneth Schupner TITLE: Partner COMBINATION OFFICER'S SIGNATURE: _____ DATE: June 1, 2023
Click here to enter a date.

APPROVED: ☒ DEFICIENT: ☐ MWBE PROGRAM COORDINATOR: _____ DATE: 9-8-23