



UNIVERSITY-WIDE MWBE/SDVOB PROGRAM UTILIZATION PLAN

SUNY Project No. 23/24-093MC
Contractor: Ultimate Power Inc.
Address: 45 Nancy Street
Phone Number: 631-491-1300

Bid Date: 4/18/2024 Agreement/Contract Value: \$3,232,000.00
Primary Contact: Michael J. LoRusso
City: West Babylon State: NY Zip Code: 11704
Fax Number: 631-491-8551 E-Mail: mjlorusso@ultimatepowerinc.com

GOALS: MBE 15 %

WBE 15 %

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>R.V. Singh, Inc.</u> Street Address: <u>316 Litchfield Ave, Babylon, NY 11702</u> Contact Name: <u>Russel Singh</u> E-Mail Address: <u>mechrvs@yahoo.com</u> Check One: SDVOB <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/>	11-3136557	\$484,000 15%	Provide HVAC equipment and ductwork	TBD	TBD
✓ Company Name: <u>Hailey Insulation</u> Street Address: <u>815 Rt. 25A, Rocky Point, NY 11778</u> Contact Name: <u>Amy Donnelly</u> E-Mail Address: <u>adonnelly@haileyinsulation.com</u> Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>	11-3268981	\$484,000 15%	Provide HVAC insulation	TBD	TBD
✓ Company Name: <u>AIRPATH Group Corp.</u> Street Address: <u>95 Marcus Blvd, Hauppauge, NY 11788</u> Contact Name: <u>John M. Mazza</u> E-Mail Address: <u>JMMazza@airpath.us</u> Check One: SDVOB <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>	88-1687836	\$193,920 6%	Testing and Balancing and Engineering.	TBD	TBD
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>					

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: Michael J. LoRusso TITLE: President DATE: 4/25/2024

APPROVED: ☒ DEFICIENT: ☐ MWBE PROGRAM COORDINATOR DATE: 4-26-2024