

New York State

Homes & Community Renewal

Email: Econ.Opportunity@nyshcr.org

## **UTILIZATION PLAN (CONST-1)**

Utilization of certified minority- and women-owned business enterprises for non-commercially useful functions may not be counted towards utilization of certified minority and women-owned business enterprises. MWBE Utilization of service-disabled veteran-owned businesses for non-commercially useful functions may not be counted towards utilization of certified service-disabled veteran-owned businesses . SDVOB

Project ID or SHARS#	Contract Amount	Funding Amount	MBE % Required	WBE % Required   SDVOB % Required   Plan Type:			Utilization Plan Summary				
20166075	\$0.00	\$9,640,000.00	22.00%	10.00%	6.00%	Initial Plan	MBE \$ Required	MBE % Proposed	MBE \$ Proposed		
							\$2,120,800.00	20.85%	\$2,010,000.00		
					and the second second	WBE \$ Required	WBE % Proposed	WBE \$ Proposed			
		Contractor Informat	tion				\$964,000.00	14.00%	\$1,350,000.00		
			Telephone			SDVOB \$	SDVOB %	SDVOB \$			
Name	Address	Federal ID #	Number	Email Address			Required	Proposed	Proposed		
	2712 Williamsbridge Road		1				\$578,400.00	6.22%	\$600,000.00		
J Pilla Group Ltd.	Bronx, NY 10469		718-653-7766	kathy@jpillagroup.com			OEOPD U <u>SE</u> ONLY				
								, Plan Status: Approved			
Developer/Grantee Information							1 41 1 1				
Name	Address	Federal ID #	Telephone Number	Email Address ekackmann@comunilife.org			x Mark Tarmer				
	214 West 29th Street, 8th Floor						Authorized Signature				
Comunilife, Inc.	New York, NY 10001		212-219-1618				Date: 6/24/00/8				
			•	•				Comments			
Pursuant to Executive Law Article 15-A, my firm propo	ursuant to Executive Law Article 15-A, my firm proposes to use the certified MWBE firms listed below.						<i>a.</i> .	, /	1 /		
Pursuant to Executive Law Article 17-B, my firm proposes to use the certified SDVOB firms listed below.							Plan ISA	Plan is accepted as noted			
Ellen M. Kackmann	Comunilife, Inc.	Vice President		By completing this form, I hereby certify this to be an accurate representation of my firm's intentions.			IN EM	Plan is accepted as noted			
Name of Company Official	Name of Company	Title	Date	representati	on or my rirm's intent	ions.	HCR/PM - Jean-Michel Robert/SHOP Award AAN				
				-							

Subcontractor Information										
									Anticipated Contract Dates	
Firm Name	Firm Address	Firm Telephone Number	Firm Federal ID#	Firm MWBE Certification Type	Firm SDVOB Certification Type	General Description of Work to be Performed	Dollar Value of Contract	Start	Completion	
EPIPHANY CONTRACTING	27 ST CHARLES ST, THORNWOOD,NY 10594	914 747-5471		WBE - NYS Certified	Select One:	EXCAVATION	\$1,350,000.00	9/1/2018	12/1/201	
CRYSTAL WINDOW	31-10 WHITESTONE EX FLUSHING NY 11356	800 472-9988		MBE - Uncertified	Select One:	WINDOWS	\$185,000.00	5/1/2019	6/1/201	
RELIANT ELECTRICAL	628 CLASSON AVENUE,BX, NY 11238	718 636-8898		MBE - Uncertified		ELECTRICAL	\$1,350,000.00	9/1/2018	5/1/202	
SHONA MECHANICAL	37 STADIUM BLVD, E SECAUKET,NY 11733	631-675-0609		1	SDVOB - NYS Certified	HVAC/ VETERAN CERTIFIED	\$600,000.00	11/1/2018	5/1/202	
ACA CONTRACTING	60A CORBIN AVE, BAYSHORE, NY 11706	631 656-9759		MBE - NYS Certified	Select One:	WATERPROOFING	\$210,000.00	9/1/2018	12/1/201	
ALL RENOVATIONS	200 W. 138TH ST, NY, NY 10030	212 625-2714		MBE - NYS Certified	Select One:	CARPENTRY	\$1,800,000.00	3/1/2018	5/1/202	