



C003046

**UNIVERSITY-WIDE MWBE/SDVOB PROGRAM
UTILIZATION PLAN**

SUNY Project No. 21/22-046MC
 Contractor: East Coast Wall Coatings Inc
 Address: 245 Franklin Avenue
 Phone Number: _____

Bid Date: [Click here to enter a date.](#) Agreement/Contract Value: \$740,631.60
 Primary Contact: _____
 City: Franklin Square State: NY Zip Code: 11010
 Fax Number: _____ E-Mail: _____

GOALS: MBE 15 %

WBE 15 % **SDVOB** _____ % **Campus:** SBU/West Apartments Building C

| SUBCONTRACTOR Material | FEDERAL ID # | DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER | DESCRIPTION OF WORK OR SUPPLIES | SUBCONTRACTOR/SUPPLIER SCHEDULE | |
|---|--------------|--|--|----------------------------------|----------------------------------|
| | | | | START DATE | COMPLETION DATE |
| Company Name: <u>Green Depot</u> Street Address: <u>885 Conklin St Farmingdale</u> Contact Name: <u>Martin Secofsky</u> E-Mail Address: <u>martin@greendepot.com</u> Check One: SDVOB <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> | 20-4722551 | <u>\$252,000 - 34%</u> | Stucco Related Products required for the project | <u>TBD</u> here to enter a date. | <u>TBD</u> 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. |
| 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. |
| 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: Maria Riggi

TITLE: Pre d

COMPANY OFFICER'S SIGNATURE _____

DATE: December 10, 2021
[Click here to enter a date.](#)

DATE: 3-30-22

** per approved SDVOB waiver granted 3-25-22*