



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

\$ 575,000.00

SUNY Project No. 21/22 - 064 MC

Bid Date: Click here to enter a date. 2/9/22 Agreement/Contract Value: \$ 575,000

Contractor: KS Construction of NY Inc

Primary Contact: Sody Singh

Address: 266 Jericho Turnpike

City: F Floral Park

State: NY

Zip Code: 11001

Phone Number: 929-499-3497

Fax Number: (929)-499-3483

E-Mail: KSconstofny@gmail.com

GOALS: MBE 23 %

WBE 7 %

SDVOB 6 %

Campus: SUNY Stony Brook (Keller)

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>KS Construction of NY</u> Street Address: <u>266 Jericho Turnpike</u> Contact Name: <u>Sody Singh</u> E-Mail Address: <u>KSconstofny@gmail.com</u> Check One: SDVOB <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/>		\$ 258,750.00 45%	Concrete Repair/ Patching	Click here to enter a date.	Click here to enter a date.
Company Name: <u>Kore Contracting Corp</u> Street Address: <u>160 Brighton 11th St Brooklyn</u> Contact Name: <u>Nurinder Kaur</u> E-Mail Address: <u>info@korecontracting.com</u> Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>		\$ 42,000.00 7.3%	Concrete patching Formwork	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.

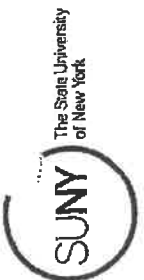
In accordance with the SUNY Contract Documents and Executive Law Article 15-A, my firm seriously expects to use the NYS certified MBE/WBE certified firms listed above. The Contractor shall immediately notify and request approval prior to any changes to this plan from the University-wide MWBE Program Office.

NAME: Sody Singh TITLE: Vice President

DATE: 2/8/2022
Click here to enter a date.

APPROVED: DEFICIENT:

DATE: 3-10-22



UNIVERSITY-WIDE SDVOB PROGRAM UTILIZATION PLAN

Agreement/Contract Value: \$ 575,000.00
788,000

SUNY Project No. 21/22-064 MC Bid Date: 2/19/22
 Contractor: KS Construction of NY Primary Contact: Sody Singh State: NY Zip Code: 11001
 Address: 200 Texico Turnpike City: Flores Park E-Mail: KSconstruction@gmail.com
 Phone Number: 929-399-3497 Fax Number: 929-499-3453 Campus: SDNY Stony Brook (Kellen)

GOALS: SDVOB 6 %

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>Segeles Co Inc</u> Street Address: <u>50 Business Park Dr, Amint</u> Contact Name: <u>William Segeles</u> E-Mail Address: <u>will@segelesco.com</u>	<u>SDVOB</u>	<u>\$ 35,000.00</u> <u>6%</u>	<u>Masonry work</u> <u>EPDM Roofing</u>	Click here to enter a date.	Click here to enter a date.
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____				Click here to enter a date.	Click here to enter a date.
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____				Click here to enter a date.	Click here to enter a date.
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____				Click here to enter a date.	Click here to enter a date.

In accordance with the SUNY Contract Documents and Executive Law Article 17-B, my firm seriously expects to use the NYS certified SDVOB firms listed above. The Contractor shall immediately notify and request approval prior to any changes to this Utilization Plan from the Campus MWBE Program Coordinator.

NAME: Sody Singh TITLE: Vice President COMPANY OFFICER'S SIGNATURE: Sody Singh DATE: 2/14/2022
 Click here to enter a date.

APPROVED: DEFICIENT: MWBE PROGRAM COORDINATOR: Marie Bracco DATE: 3-10-22