



D003241

**UNIVERSITY-WIDE MWBE PROGRAM
UTILIZATION PLAN**

SUNY Project No. D003241
 Contractor: Niko K. Construction Corp.
 Address: 45-67 196th Place
 Phone Number: 516-265-6572

Bid Date: 4/27/2022
 Primary Contact: Mary DiFranzo
 City: Flushing State: New York Zip Code: 11358
 Fax Number: (917)634-3803
 E-Mail: MaryDNikoK@gmail.com

Agreement/Contract Value: \$2,027,780.00

GOALS: MBE 7%

WBE 0 %

Campus: SUNY Stonybrook

SUBCONTRACTOR	FEDERAL ID #	DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER	DESCRIPTION OF WORK OR SUPPLIES	SUBCONTRACTOR/SUPPLIER SCHEDULE	
				START DATE	COMPLETION DATE
Company Name: Industry Standard Street Address: 5 Lumber Way Liverpool, NY. Contact Name: Jason Franklin, Diana DeJesus E-Mail Address: diana@industrystandardusa.com Check One: MBE <input type="checkbox"/> SDVOB <input checked="" type="checkbox"/>	27-1776823	\$5,000.00	Staging material	10/3/2022	11/30/2022
Company Name: US Aerials & Equipment Street Address: 22-09 Queens Plaza N, Long Island City, NY 11101 Contact Name: Joseph E-Mail Address: info@usaerials.com Check One: MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/>	27-1418012	\$5,000/month	Telehandler Rental	10/3/2022	11/30/2022
Company Name: Steel Construction Street Address: 160-4 Crossbay Blvd Howard Beach, NY 11414 Contact Name: Amber Singh E-Mail Address: Singhsteelllc@gmail.com Check One: MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/>	47-1078300	\$10,000.00	Scaffolding rental (allowance item)	10/3/2022	11/30/2022
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: 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:
Mary DiFranzo

TITLE:
Project Manager

DATE:
8/10/2022



**UNIVERSITY-WIDE MWBE PROGRAM
UTILIZATION PLAN**

APPROVED: *✱*

DEFICIENT:

MWBE PROGRAM COORDINATOR: _____

DATE: 9-22-22

** approved per approved partial MWBE waiver & SDVOB waiver.*

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