

# HUGH L. CAREY BATTERY PARK CITY AUTHORITY

## MBE/WBE UTILIZATION PLAN

Please fill out utilization plan for MBE/WBE(s) participation and use the same form for all additional MBE/WBE Firms

Project Name: Tear Drop Park Wood Deck Repair	Project No.: 13-2166	Site #:	Date:
Name of Contractor: Deborah Bradley Construction & Management Services	Contract Amount: \$212,064		
Address: 481 Manhattan Ave New York, NY 10027	Work to Begin: 3/13	Work to be Completed: 5/13	
	Is your Firm an MBE _____ WBE <u>X</u> _____		
CONTACT PERSON: Deborah Bradley	Phone #: 212-222-2494	Fax #:	
FEDERAL I.D. NO: 13-3757202	Tax I.D.:		

Please type or Print Clearly All Information on This Form

### MBE/WBE INFORMATION

Sub-Contractor or Vendor: Deborah Bradley Construction & Management Services	Federal I.D.#: 13-3757202	Tax I.D.#:
Name:	Work to Begin:	
Address: 481 Manhattan Ave New York, NY 10027		
Phone #: 212-222-29429	Fax #:	Work to be Completed: 5/13
Contact Person: Deborah Bradley		
Estimated Dollar Amount to be Awarded: \$177,357	Is this Firm an MBE _____ WBE <u>X</u> _____	
Total Percent of Contract Holder %	Trade:	
Scope of Work to be done by MBE/WBE: wood repair		

### MBE/WBE INFORMATION

Sub-Contractor or Vendor: Park Ave Building	Federal I.D.#:	Tax I.D.#:
Name: Park Ave Building & Roofing Supplies	Work to Begin: 4/13	
Address: 2120 Atlantic Ave Brooklyn, NY 11233		
Phone #: 718-403-0100	Fax #:	Work to be Completed: 5/13
Contact Person: Michael Levatino		
Estimated Dollar Amount to be Awarded: \$19,707	Is this Firm an MBE <u>X</u> _____ WBE _____	
Total Percent of Contract Holder %	Trade:	
Scope of Work to be done by MBE/WBE: Supply Wood Material		

### MBE/WBE INFORMATION

Sub-Contractor or Vendor:	Federal I.D.#:	Tax I.D.#:
Name:	Work to Begin:	
Address:		
Phone #:	Fax #:	Work to be Completed:
Contact Person:		
Estimated Dollar Amount to be Awarded:	Is this Firm an MBE _____ WBE _____	
Total Percent of Contract Holder %	Trade:	
Scope of Work to be done by MBE/WBE:		

The Minimum MBE/WBE Business Participation	Workforce Percentages set for this project is as Follows:
Goal Expected for your Firm is as Follows:	
Trade(s)	Trade(s)
Minority Owned Business %	Minority Workforce %
Women Owned Business %	Female Workforce %

Please attach copies of the most recent New York State Certification Letters for all MBE/WBE Firms Listed on this Utilization Plan.  
If there are any changes in the information on this plan you must immediately re-submit this plan with the most recent date.