

## M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

**Offeror's Name:** BrightView Landscapes, LLC  
**Address:** 3670-3 Oceanside Rd W  
**City, State, Zip Code:** Oceanside, NY 11572  
**Telephone No.:** (516) 507-9096  
**Region/Location of Work:** NYC

**Federal Identification No.:** 42-1724313  
**Solicitation No.:** 22--38064  
**Project No.:** Landscape Services Proposal  
**M/WBE Goals in the Contract:** MBE % WBE 7.5%

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/ Supplies/Services and intended performance dates of each component of the contract.
A.  North Fork Boutique Gardens, Inc	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	46-5155631	Purchase of plant and hard materials	3.5%
B.  Holbrook Plastic Pipe Supply	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	11-2347292	Landscaping, irrigation, floral and maintenance	4%

**6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).**

<b>PREPARED BY (Signature):</b> <i>Cheryl Jones</i> <b>DATE:</b> July 7, 2022  <b>NAME AND TITLE OF PREPARER (Print or Type):</b> SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.	<b>TELEPHONE NO.:</b> 516-615-9978	<b>EMAIL ADDRESS:</b> cheryl.jones@brightview.com
	<b>FOR M/WBE USE ONLY</b>	
	<b>REVIEWED BY:</b>	<b>DATE:</b>
	<b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ <b>Contract No.:</b> _____ <b>Project No. (if applicable):</b> _____  <b>Contract Award Date:</b> _____ <b>Estimated Date of Completion:</b> _____ <b>Amount Obligated Under the Contract:</b> _____ <b>Description of Work:</b> _____ <b>NOTICE OF DEFICIENCY ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____  <b>NOTICE OF ACCEPTANCE ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	
<b>M/WBE 103 (Revised 11/08)</b>		

## M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

**Offeror's Name:** BrightView Landscapes, LLC  
**Address:** 3670-3 Oceanside Rd W  
**City, State, Zip Code:** Oceanside, NY 11572  
**Telephone No.:** (516) 507-9096  
**Region/Location of Work:** NYC

**Federal Identification No.:** 42-1724313  
**Solicitation No.:** 22--38064  
**Project No.:** Landscape Services Proposal  
**M/WBE Goals in the Contract:** MBE 4 % WBE 3.5 %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/ Supplies/Services and intended performance dates of each component of the contract.
A.  Elite Synthetic Surfaces	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	20-3199054	Turf installation and materials	3.5%
B.  Diamond Cut Landscaping	<b>NYS ESD CERTIFIED</b> <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	47-4340749	Landscaping, irrigation, planting, floral and maintenance	4%

**6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).**

<b>PREPARED BY (Signature):</b> <i>Cheryl Jones</i> <b>DATE:</b> July 7, 2022  <b>NAME AND TITLE OF PREPARER (Print or Type):</b> SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.	<b>TELEPHONE NO.:</b> 516-615-9978	<b>EMAIL ADDRESS:</b> cheryl.jones@brightview.com
	<b>FOR M/WBE USE ONLY</b>	
	<b>REVIEWED BY:</b>	<b>DATE:</b>
	<b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ <b>Contract No.:</b> _____ <b>Project No. (if applicable):</b> _____  <b>Contract Award Date:</b> _____ <b>Estimated Date of Completion:</b> _____ <b>Amount Obligated Under the Contract:</b> _____ <b>Description of Work:</b> _____ <b>NOTICE OF DEFICIENCY ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____  <b>NOTICE OF ACCEPTANCE ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	
<b>M/WBE 103 (Revised 11/08)</b>		