

**CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN**

<u>CONTRACTOR</u>		<u>CONTRACT</u>	
NAME:	Reentry Association of Wny Inc.	PROJECT NAME:	Reentry One-Stop
ADDRESS:	253 Southampton Drive Rochester, NY 14616	CONTRACT DESCRIPTION:	Single point of access system to provide reentry services to men and women returning to the county after incarceration.
CONTACT PERSON:	Ann Graham		
PHONE:	585-773-9079		

**PROJECTED MBE/WBE CONTRACT SUMMARY**

**MINORITY BUSINESS ENTERPRISE**

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT: \$ 0

CONTRACT MBE PERCENTAGE GOAL: 12 %

MBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT: \$ 0

TOTAL MBE DOLLAR AMOUNT PROJECTED: \$ 0

MBE DOLLAR AMOUNT UNABLE TO MEET: \$ 614,141

**WOMEN BUSINESS ENTERPRISE**

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT: \$ 559,616

CONTRACT WBE PERCENTAGE GOAL: 3%

WBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT: \$ 11%

TOTAL WBE DOLLAR AMOUNT PROJECTED: \$ 559,616

WBE DOLLAR AMOUNT UNABLE TO MEET: \$ n/a

**Contractor Utilization Plan Checklist**

Utilization Plan: Please be specific and provide detail of the work being performed by M/WBEs  
 Letters of Intent: Signed form must be submitted for each M/WBE scheduled to participate.

DEI/MWBE USE ONLY

Plan Approved: \_\_\_\_\_ Plan Disapproved: \_\_\_\_\_

By: \_\_\_\_\_  
 M/WBE Requirements

M/WBE-7

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)

SECTION I-MBE PARTICIPATION

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION				
NAME:				CONTRACT AMOUNT:			
ADDRESS:		DATE OF CONTRACT:					
		SCHEDULE START DATE:					
CONTACT PERSON:		PAYMENT SCHEDULE:					
PHONE:		COMPLETION DATE:					
NAME:			CONTRACT AMOUNT:				
ADDRESS:			DATE OF CONTRACT:				
			SCHEDULE START DATE:				
CONTACT PERSON:			PAYMENT SCHEDULE:				
PHONE:			COMPLETION DATE:				
NAME:			CONTRACT AMOUNT:				
ADDRESS:			DATE OF CONTRACT:				
			SCHEDULE START DATE:				
CONTACT PERSON:			PAYMENT SCHEDULE:				
PHONE:			COMPLETION DATE:				

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)

SECTION II- WBE PARTICIPATION

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION
NAME:	Imprintable Solutions	Provides training and employ	CONTRACT AMOUNT: 258,816
ADDRESS:	100 College Avenue		DATE OF CONTRACT: 1/1/23
	Suite 130		SCHEDULE START DATE: 1/1/23
CONTACT PERSON:	Rochester NY 14607		PAYMENT SCHEDULE: quarterly
PHONE:	Tina Paradiso		COMPLETION DATE: 12/31/26
	585-482-4400		
NAME:	Broccolo Tree & Lawn	Provides training and paid ap	CONTRACT AMOUNT: 300,800
ADDRESS:	2755 Penfield Rd.		DATE OF CONTRACT: 1/1/23
	Fairport NY 14450		SCHEDULE START DATE: 1/1/23
CONTACT PERSON:	Laurie Broccolo		PAYMENT SCHEDULE: quarterly
PHONE:	585-424-4476		COMPLETION DATE: 12/31/26
NAME:			CONTRACT AMOUNT:
ADDRESS:			DATE OF CONTRACT:
			SCHEDULE START DATE:
CONTACT PERSON:			PAYMENT SCHEDULE:
PHONE:			COMPLETION DATE:

**MINORITY AND WOMEN'S BUSINESS ENTERPRISE**  
**LETTER OF INTENT**

PROJECT: Reentry Association of Why Inc. Reentry One Stp  
TO: Tina Paradiso  
(Name of Bidder)

The undersigned intends to perform work in connection with the above project as (Check one choice on each side):

\_\_\_\_\_ Minority  \_\_\_\_\_ Woman

The undersigned M/WBE is prepared to perform the following described work in connection with the above project:

Training and employment in custom printing business

Supportive services including child care, meals, transportation, emergency shelter

at the following price: \$258,816

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

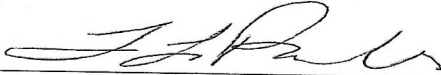
Projected Start Date: 1/1/23

Completion Date: 12/31/26

With respect to the proposed subcontract described above, \_\_\_\_\_ % of the dollar value of such subcontract will be sublet and/or awarded to non-M/WBE contractors or non-M/WBE suppliers. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the County of Monroe.

7/27/22  
Date

Tina Paradiso, Ampie Enterprises Inc., dba Imprintable  
Name of M/WBE Contractor

  
Authorized Signature



**MINORITY AND WOMEN'S BUSINESS ENTERPRISE**  
**LETTER OF INTENT**

PROJECT: Reentry Association of Why Inc. Reentry One Stp  
TO: Laurie Broccolo  
\_\_\_\_\_  
(Name of Bidder)

The undersigned intends to perform work in connection with the above project as (Check one choice on each side):

\_\_\_\_\_ Minority  \_\_\_\_\_ Woman

The undersigned M/WBE is prepared to perform the following described work in connection with the above project:

Training and paid apprenticeship in lawncare and landscaping  
Entrepreneurship preparation and training

at the following price: \$300,800

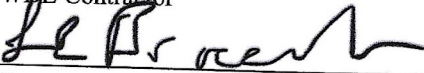
You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

Projected Start Date: 1/1/23

Completion Date: 12/31/26

With respect to the proposed subcontract described above, \_\_\_\_\_% of the dollar value of such subcontract will be sublet and/or awarded to non-M/WBE contractors or non-M/WBE suppliers. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the County of Monroe.

7/27/22  
Date

Laurie Broccolo  
Name of M/WBE Contractor  
  
Authorized Signature