



UNIVERSITY-WIDE MWBE/SDVOB PROGRAM UTILIZATION PLAN

SUNY Project No. 21/22-095AMC
Contractor: Watercraft Irrigation Inc
Address: -173 ND Main ST
Phone Number: 800-685-8361
GOALS: MBE 30 %

Bid Date: 4/5/2022 Click here to enter a date. Agreement/Contract Value: 1,501,875.00 / 5 years
Primary Contact: Robert Imhoff
City: SAYVILLE State: NY Zip Code: 11782
Fax Number: 516-530-1920 E-Mail: SCAPER@WatercraftIrrigation.com
WBE 10 % SDVOB % Campus: STONY BROOK

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>Holbrook Irrigation Supply</u> Street Address: <u>790 GRAND AVE Holbrook</u> Contact Name: <u>GEORGE 631-555-6220</u> E-Mail Address: <u>INFO@HolbrookIrr.com</u> Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>	11-234 7292	\$50,000 ⁰ year	Irrigation Supplys	<u>4/1/22</u> <small>Click here to enter a date.</small>	<u>12/1/22</u> <small>Click here to enter a date.</small>
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>				<small>Click here to enter a date.</small>	<small>Click here to enter a date.</small>
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>				<small>Click here to enter a date.</small>	<small>Click here to enter a date.</small>
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>				<small>Click here to enter a date.</small>	<small>Click here to enter a date.</small>

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: Robert Imhoff TITLE: President

DATE: 7/8/22
Click here to enter a date.

APPROVED: DEFICIENT:

DATE: 7-28-22

Approved per approved waiver 7-27-22