

## CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN

| <u>CONTRACTOR</u> |  | <u>CONTRACT</u>  |   |
|-------------------|--|--|---|
| NAME:             | Willow Domestic Violence Center of Greater Rochester, Inc. | PROJECT NAME:  | Transforming Family Violence Support Through a Multi-Disciplinary Family Justice Center |
| ADDRESS:          | P. O. Box 39601  | CONTRACT DESCRIPTION:  |   |
|                   | Rochester, NY 14604  | A multidisciplinary co-located center – having multiple service providers “under one roof” – will provide a more supportive environment for domestic violence survivors – increasing efficiency in service provision and behavioral health supports, reducing survivor recantation, and increasing prosecution of offenders. |   |
| CONTACT PERSON:   | Suzanne Nye, V.P. of Finance and Administration            |  |   |
| PHONE:            | 585-232-5200 x 225   |  |   |

### PROJECTED MBE/WBE CONTRACT SUMMARY

|  | YR1 /TOTAL           |  | YR1/TOTAL            |
|--|----------------------|--|----------------------|
| <b>MINORITY BUSINESS ENTERPRISE</b>            |                      | <b><u>WOMEN BUSINESS ENTERPRISE</u></b>        |                      |
| TOTAL DOLLAR VALUE OF THE PRIME CONTRACT:      | \$ 230,555/1,522,097 | TOTAL DOLLAR VALUE OF THE PRIME CONTRACT:      | \$ 230,555/1,522,097 |
| CONTRACT MBE PERCENTAGE GOAL:                  | 12 %                 | CONTRACT WBE PERCENTAGE GOAL:                  | 3 %                  |
| MBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT: | \$27,667/182,652     | WBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT: | \$6,917/45,663       |
| TOTAL MBE DOLLAR AMOUNT PROJECTED:             | \$ 4880/19,470       | TOTAL WBE DOLLAR AMOUNT PROJECTED:             | \$ 1,200/8,400       |
| MBE DOLLAR AMOUNT UNABLE TO MEET:              | \$22,787/163,182 **  | WBE DOLLAR AMOUNT UNABLE TO MEET:              | \$ 5,717/37,263 **   |

\*\* See attached explanation and request for waiver

#### 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:           | To be determined | General office supplies to include 5 task chairs for Center staff                          | CONTRACT AMOUNT:     | \$3,880 YR1/\$14,470 Contract |
| ADDRESS:        |                  |  | DATE OF CONTRACT:    |                               |
|                 |                  |  | SCHEDULE START DATE: |                               |
|                 |                  |  | PAYMENT SCHEDULE:    |                               |
| CONTACT PERSON: |                  |  | COMPLETION DATE:     |                               |
| PHONE:          |                  |  |                      |                               |
| NAME:           | To be determined | Purchase of six computers over the life of the project for each of the 5 funded positions. | CONTRACT AMOUNT:     | \$1,000 YR1/\$5,000 Contract  |
| ADDRESS:        |                  |  | DATE OF CONTRACT:    |                               |
|                 |                  |  | SCHEDULE START DATE: |                               |
|                 |                  |  | PAYMENT SCHEDULE:    |                               |
| CONTACT PERSON: |                  |  | COMPLETION DATE:     |                               |
| PHONE:          |                  |  |                      |                               |
| NAME:           |                  |  | CONTRACT AMOUNT:     |                               |
| ADDRESS:        |                  |  | DATE OF CONTRACT:    |                               |
|                 |                  |  | SCHEDULE START DATE: |                               |
|                 |                  |  | PAYMENT SCHEDULE:    |                               |
| CONTACT PERSON: |                  |  | COMPLETION DATE:     |                               |
| PHONE:          |                  |  |                      |                               |

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

**SECTION II-WBE PARTICIPATION**

| MBE FIRM        |                                | DESCRIPTION OF WORK   | CONTRACT INFORMATION |                                |
|-----------------|--------------------------------|---|----------------------|--------------------------------|
| NAME:           | Photikon Corporation Office    | Copier lease (or purchase) for the proposed Family Justice Center | CONTRACT AMOUNT:     | Est \$200 monthly/\$1200 for   |
| ADDRESS:        | 481 Penbrooke Drive, Suite 03A |   | DATE OF CONTRACT:    | 6 mths YR1/\$8,400 Contract    |
|                 | Rochester NY 14526             |   | SCHEDULE START DATE: | 07/01/2023                     |
|                 | www.photikon.com               |   | PAYMENT SCHEDULE:    | monthly lease payment          |
| CONTACT PERSON: | Mary Condon                    |   | COMPLETION DATE:     | on-going for length of project |
| PHONE:          | 585-421-0540                   |   |                      |                                |
|                 | mjcondon@photikon.com          |   |                      |                                |
| NAME:           |                                |   | CONTRACT AMOUNT:     |                                |
| ADDRESS:        |                                |   | DATE OF CONTRACT:    |                                |
|                 |                                |   | SCHEDULE START DATE: |                                |
|                 |                                |   | PAYMENT SCHEDULE:    |                                |
| CONTACT PERSON: |                                |   | COMPLETION DATE:     |                                |
| PHONE:          |                                |   |                      |                                |
|                 |                                |   |                      |                                |
| NAME:           |                                |   | CONTRACT AMOUNT:     |                                |
| ADDRESS:        |                                |   | DATE OF CONTRACT:    |                                |
|                 |                                |   | SCHEDULE START DATE: |                                |
|                 |                                |   | PAYMENT SCHEDULE:    |                                |
| CONTACT PERSON: |                                |   | COMPLETION DATE:     |                                |
| PHONE:          |                                |   |                      |                                |
|                 |                                |   |                      |                                |