



D003986

**UNIVERSITY-WIDE MWBE/SDVOB PROGRAM
UTILIZATION PLAN**

SUNY Project No. 23/24-065MC_____

Contractor: Modern Steel Construction corp

Address: 341 Stagg st_____

Phone Number: 718 628 1289

Bid Date: 12/20/2023

Primary Contact: Fahid Jamil_____

City: Brooklyn_____

Fax Number: 718 628 1289

Agreement/Contract Value: \$513,691.35

State: NY

Zip Code: 11206_____

E-Mail: Fahidj@gmail.com_____

GOALS: MBE _____%**WBE** _____%**SDVOB** _____%**Campus:** _____

SUBCONTRACTOR	FEDERAL ID #	DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER	DESCRIPTION OF WORK OR SUPPLIES	SUBCONTRACTOR/SUPPLIER SCHEDULE	
				START DATE	COMPLETION DATE
✓ Company Name: PB Contracting Corp Street Address: 95 Broadway Suite 1 Hicksville NY 11801 Contact Name: KASHIF NASEEM_____ E-Mail Address: progressivebuilders22@gmail.com_____ Check One: SDVOB <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/>	261968717	150,000.00 29.2%	Concrete repair and coating	6/20/2023	8/5/2023
✓ Company Name: Monaghan Mechanical and tech Resources corp Street Address: 8 Laurel st Holbrook 11741 Contact Name: Patrick F Monaghan E-Mail Address: monaghanmechanicalcorp@gmail.com_____ Check One: SDVOB <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>	852420736	\$18,000.00 3.5%	Material supplier for SIKA	6/15/2023	8/5/2023
✓ Company Name: Kore contracting INC Street Address: 100 Brighten 11 th floor Brooklyn Contact Name: Kashmir Singh_____ E-Mail Address: info@korecontracting.com_____ Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>	562469955	\$67,000.00 13.04%	Masonry/Scaffold/Dumpster	6/15/2023	8/5/2023
Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/>				Click here to enter a date.	Click here to enter a date.

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: _____
Fahid JamilTITLE: _____
President

COMPANY OFFICER'S SIGNATURE _____

DATE: _____
12/26/2023APPROVED: ☒ DEFICIENT: ☐ MWBE PROGRAM COORDINATOR: _____

DATE: 1-9-2024

*Approved per SDVOB waiver approval, 1-9-2024