



C003455

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

SUNY Project No. 22-23-057 MC
 Contractor: National Sound Industries, Inc
 Address: 157 Rome Street
 Phone Number: 631-667-0973

Bid Date: 22/23-057MC Agreement/Contract Value: approx. \$1.75m
 Primary Contact: Deborah DePace
 City: Farmingdale State: NY Zip Code: 11735
 Fax Number: 631-667-0973 E-Mail: WBE@advancesound.com

GOALS: MBE % WBE % 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>National Sound Industries, Inc</u> Street Address: <u>157 Rome Street, Farmingdale</u> Contact Name: <u>Deborah DePace</u> E-Mail Address: <u>wbe@advancesound.com</u> Check One: SDVOB <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/>	11-2926525	Total	Self Performing as WBE ✓	Click here to enter a date.	Click here to enter a date.
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.
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.
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: Deborah A. DePace TITLE: President COMPANY OFFICER'S SIGNATURE: *Deborah DePace* DATE: 11-18-2022
Click here to enter a date.

APPROVED: * DEFICIENT: MWBE PROGRAM COORDINATOR: _____ DATE: 1/13/23
 * Approved per SDVOB waiver received 1/13/23 approval