



UNIVERSITY-WIDE MWBE/SDVOB PROGRAM UTILIZATION PLAN

SUNY Project No. 22/23-069MC
 Contractor: Rennon Construction Corp.
 Address: 217-78 Hempstead Ave
 Phone Number: _____
 GOALS: MBE 100 %

Bid Date: [Click here to enter a date.](#) Agreement/Contract Value 168,000-
 Primary Contact: Amandeep Singh
 City: Queens Village State: New York Zip Code: 11429
 Fax Number: 718-480-6354 E-Mail: Info@rennon.net
 WBE _____ % SDVOB _____ % Campus: Stony Brook West Apt. D

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>Rennon Construction</u> Street Address: <u>New Hyde Park, NY</u> Contact Name: _____ E-Mail Address: _____ Check One: SDVOB <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/>			MBE Prime Contractor to self-perform all efforts.	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"/>			Furnish, erect & dismantle scaffolding for West Apartments Building D	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: Amandeep Singh TITLE: President

SIGNATURE: _____ DATE: [Click here to enter a date.](#)

APPROVED: DEFICIENT:

DATE: 11/22/22

* Per approved WBE & SDVOB waivers.