MWBE UTILIZATION PLAN - FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING

INSTRUCTIONS: **This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary.**

Offeror's Name: FBH Community Ministries
Address: 4646 Nine Mile Point Road
City, State, Zip Code: Fairport, NY 14450
Telephone No.: 585-388-2304
Region/Location of Work: Fairport, NY

Federal Identification No.: 16-1555743
Solicitation No.: C100004
Project No.:
MWBE Goals in the Contract: MBE 20% WBE %

1. Certified MWBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/ Supplies/Services and intended performance dates of each component of the contract.
A. **Binding Products Inc** **3rd Floor** **460 W 34 St** **New York, NY 10001** **212-727-1192** **fbrooks@bindingproducts.com**	**NYS ESD CERTIFIED** X MBE ☐ WBE	13-3765253 ✓	Print and mail activities calendar	$10,320 1/19, 2/16, 3/16, 4/20, 5/18, 6/15, 7/20, 8/17, 9/21, 10/19, 11/16, 12/21
B.	**NYS ESD CERTIFIED** ☐ MBE ☐ WBE			

6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (MWBE 104).

PREPARED BY (Signature): Ellen K. O'Connor
DATE: 10/27/2014

NAME AND TITLE OF PREPARER (Print or Type): Ellen K. O'Connor, Director Community Services
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.

TELEPHONE NO.:585-388-2304

EMAIL ADDRESS: eoconnor@fbhcm.org

FOR MWBE USE ONLY

REVIEWED BY: [signature]

DATE: 1/21/15

UTILIZATION PLAN APPROVED: ☒ YES ☐ NO Date:
Contract No.: **Project No. (if applicable):**

Contract Award Date:
Estimated Date of Completion:
Amount Obligated Under the Contract:
Description of Work:
NOTICE OF DEFICIENCY ISSUED: ☐ YES ☐ NO Date:_____

NOTICE OF ACCEPTANCE ISSUED: ☐ YES ☐ NO Date:_____

Please submit to:
NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251

MWBE 103 (Revised 9/12)