

Revised for Period of 11/15 - 12/31/15

C100013

**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: Shorefront YM-YWHA of Brighton - Manhattan Beach, Inc  
 Address: 3300 Coney Island Ave  
 City, State, Zip Code: Brooklyn, NY 11235  
 Telephone No.:  
 Region/Location of Work: Kings County

Federal Identification No.: 11-3070228  
 Solicitation No.:  
 Project No.: C100013  
 MWBE Goals in the Contract: MBE 30% 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. Midtown Office Supplies 16 Clyde Street New Hyde Park, NY 11040	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	13-4155081	Office and Janitorial Service	\$3,507.00
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> 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): Eduardo Ronquillo  
 DATE: 12/31/15

NAME AND TITLE OF PREPARER (Print or Type): CFO  
 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.

Please submit to:  
 NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251  
 MWBE 103 (Revised 9/12)

TELEPHONE NO.: 718-646-1444	EMAIL ADDRESS: Eduardo@shorefrontny.org
REVIEWED BY: <i>[Signature]</i>	DATE: <i>2/29/16</i>
FOR MWBE USE ONLY	
UTILIZATION PLAN APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____