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: Jacob A. Riis Neighborhood Settlement
Address: 10-25 41st Avenue
City, State, Zip Code: Long Island City, New York 11101
Telephone No.: (718) 784-7447
Region/Location of Work: Queens

Federal Identification No.: 11-1729398
Solicitation No.:
Project No.: C100014
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. Grand Meridian Printing Inc. d/b/a GM Printing 31-16 Hunters Point Ave, LIC, NY 11101 (718) 937-3888	**NYS ESD CERTIFIED** X☐ MBE ☐ WBE	13-3716269	Printing of business cards	$125.00 - April 2015
B. Abraham's Transportation Service and Charter 144-15 101 Avenue, Jamaica, New York 11435 (718) 739-3994	**NYS ESD CERTIFIED** X☐ MBE ☐ WBE	11-3532184	Charter and shuttle transportation to events (vans, mini-buses and motor coaches)	$2,455.00 (May – November 2015)

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):

DATE: September 15, 2014

NAME AND TITLE OF PREPARER (Print or Type): Robert Madison, Director Senior 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.

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

MWBE 103 (Revised 9/12)

TELEPHONE NO.: 718-784-7447 ext 135

EMAIL ADDRESS: Rmadison@riissettlement.org

FOR MWBE USE ONLY

REVIEWED BY:

DATE: 10/6/14

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:_____