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: Selfhelp Community Services, Inc.
Address: 520 Eighth Avenue
City, State, Zip Code: New York, NY 10018
Telephone No.: 212 971-7600
Region/Location of Work: New York City

Federal Identification No.: 13-1624178
Solicitation No.:
Project No.: C100017
MWBE Goals in the Contract: MBE 10% WBE 10%

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. S&B Computer & Office Products, Inc. Fairchild Square Clifton Park, NJ 12065	NYS ESD CERTIFIED ☒ MBE ☒ WBE	14-1752798	Office/Printing Supplies	$3,249
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):
DATE: 9/23/14

NAME AND TITLE OF PREPARER (Print or Type):
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.: 718 396-5425
EMAIL ADDRESS: raniano@selfhelp.net

FOR MWBE USE ONLY
REVIEWED BY:
DATE: 10/16/14

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:_____

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

MWBE 103 (Revised 9/12)