C100618
Haines on Huntington

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: FEGS
Address: 315 Hudson Street
City, State, Zip Code: New York, NY 10013
Telephone No.: 212-366-8400
Region/Location of Work: Town of Huntington

Federal Identification No.: 13-1624000
Solicitation No.:
Project No.:
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. Information Systems Essentials ISE Office Plus 4422 Bronx Blvd. Bronx, NY 10470	NYS ESD CERTIFIED ✓ MBE ✓ WBE	13-3121082	General Office Supplies	$100.00
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: 9/17/14

NAME AND TITLE OF PREPARER (Print or Type): Gayle M. Horwitz, Chief Administrative Officer

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.: (212) 366-8055
EMAIL ADDRESS: GHorwitz@fegs.org

FOR MWBE USE ONLY

REVIEWED BY:
DATE:

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)