

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: Mid-Island Y JCC - POB Cares
 Address: 45 Manetto Hill Road
 City, State, Zip Code: Plainview, NY 11803
 Telephone No.: (516) 822-3535
 Region/Location of Work: Long Island

Federal Identification No.: 11-184-1899
 Solicitation No.:
 Project No.: C100009
 MWBE Goals in the Contract: MBE 15% WBE 15%
 2012 7.38%

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. Ebony Office Products 44-02 11th Street, Suite 503 Long Island City, NY 11101 info@ebonyproducts.com 718-706-8200	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	11-2603317	Purchase of office and food service supplies, including copy paper, file folders, plastic-ware and table clothes. Purchase of maintenance and janitorial supplies.	Initial Office Supply Order for 2/2015: \$271.83 Additional orders will be spent throughout the year. \$3,633.17 totally \$3,880
B. Innovation Office Products, Inc. 107-27 LIBERTY AVENUE OZONE PARK, NY 11417 ART@GO2INNOVATION.COM 718-641-2222	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	11-2715884	Purchase of promotional and marketing items including T-shirts and bags. Purchase of pillboxes as client giveaway.	T-shirts for 3/2015: \$175.12 Bags for 3/2015: \$190.00 Pillboxes \$784.88 Print materials \$350.00 \$1110
C. Connecticut West, Inc. 200 ALLEN BLVD. EAST FARMINGDALE, NY 11735 shirleylam@cwimedical.com 631-844-0055	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	11-3136568	Purchase of medical equipment including extra-large BP cuff and portable scale.	4/2015: \$115.00

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). \$5115

PREPARED BY (Signature): Katy Martin
 DATE: 2/18/2015

NAME AND TITLE OF PREPARER (Print or Type): Katy Martin, CEO
 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.: (516) 822-3535	EMAIL ADDRESS: kmartin@miyjcc.org
REVIEWED BY: <u>[Signature]</u>	DATE: 6/19/15
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: