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: Edith and Carl marks Jewish Community House of Bensonhurst
Address: 7802 Bay parkway
City, State, Zip Code: Brooklyn, NY 11214
Telephone No.: 718-331-6800
Region/Location of Work: Southern Brooklyn

Federal Identification No.: 11-1633484
Solicitation No.: NYS Dept of Aging NNORC
Project No.: C100019
MWBE Goals in the Contract: MBE 5% WBE 5.5

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. *Circle Janitorial Supplies, Inc; 5 East 12th Street, Paterson, NJ 07524; sales@circlejanitorial.com; 973-345-1212*	NYS ESD CERTIFIED Yes MBE ✓ WBE ✓ ~~Yes WBE~~	222-333-034	Cleaning Supplies purchase	$1,894.52 01.01.2015 – 12.31.2015
B. To be determined	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): Jay Bren
DATE: September 10, 2014

NAME AND TITLE OF PREPARER (Print or Type): Jay Borenstein, Assistant Controller

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.: 718-943-6314
EMAIL ADDRESS: jay@jchb.org

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)