

7/1/16 - 6/30/17

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. Utilization of certified minority and woman owned business enterprises for non-commercially useful functions may not be counted toward utilization of certified minority and woman owned business enterprises identified in this utilization plan.

Offeror's Name: Educational Alliance INC.
Address: 197 East Broadway
City, State, Zip Code: New York, NY 10002
Telephone No.: 212-780-2300
Region/Location of Work: New York

Federal Identification No.: 13-5562210
Solicitation No.: C120027
Project No.:
MWBE Goals in the Contract: MBE 15% WBE 15%

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. Jason Office Products, INC 140 West 31 st Street New York, NY 10001	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	13-3978994	Purchase office and program supplies	\$808.05
B. E&M Sales INC 1201 Broadway Suite 308 New York, NY 10001	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE	13-3933472	Purchase office and program supplies	\$808.05

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): *Bonnie Lumagni*
DATE: 7/14/2016

NAME AND TITLE OF PREPARER (Print or Type): Bonnie Lumagni, Director Co-op Village NORC
 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.: 646-395-4505

EMAIL ADDRESS: blumagni@edalliance.org

FOR MWBE USE ONLY
REVIEWED BY: *[Signature]* **DATE:** 7/15/16

UTILIZATION PLAN APPROVED: YES NO **Date:** _____
 Contract No.: _____ **Project No. (if applicable):** _____

Contract Award Date: _____
Estimated Date of Completion: _____
Amount Obligated Under the Contract: _____

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)