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: Margarita Rosa, Esq. Grand Street Settlement
Address: 80 Pitt Street
City, State, Zip Code: New York, NY 10002
Telephone No.: (212) 674-1740
Region/Location of Work:

Federal Identification No.: 13-5562230
Solicitation No.:
Project No.: ~~C070019~~ C120029
MWBE Goals in the Contract: MBE **20** % WBE %

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. **Alto Exterminating Service, Inc.** Sanitation and Pest Control Specialist 2122B Westchester Ave. Bronx, NY 10462 (718) 824-0850	**NYS ESD CERTIFIED** ☒ MBE ☐ WBE	13-6712951	Exterminating	$780.00
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): Mei-Guey Tan
DATE: 9/9/2014

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.:
EMAIL ADDRESS:

FOR MWBE USE ONLY

REVIEWED BY:
DATE: 9/25/14

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

Contract Award Date:
Estimated Date of Completion: