

C/20030

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: Henry Street Settlement
Address: 265 Henry Street
City, State, Zip Code: New York, NY 10002
Telephone No.: 212-766-9200
Region/Location of Work: Lower East Side, NYC

Federal Identification No.: 13-1562242
Solicitation No.: NORC-SSP
Project No.:
MWBE Goals in the Contract: MBE 3% WBE 3%

NOTE-SSP
7/11/16-12/31/16

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| <p>1. Certified MWBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.</p> | <p>2. Classification <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE</p> | <p>3. Federal ID No. 968196712</p> | <p>4. Detailed Description of Work (Attach additional sheets, if necessary) Exterminating Services</p> | <p>5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract. \$240 total, paid monthly during the period of contract</p> |
| <p>A. M&M Environmental</p> | <p>NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE</p> | <p>134181576</p> | <p>Bus Trip</p> | <p>Total \$2,400 for the contract year</p> |
| <p>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).</p> | | | | |
| <p> PREPARED BY (Signature): <i>Josephine Lume</i> DATE: 9/9/15 NAME AND TITLE OF PREPARER (Print or Type): Josephine Lume (CFO) 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. </p> | | | | |
| <p> TELEPHONE NO.: 212-766-9200 EMAIL ADDRESS: jlume@henrystreet.org FOR MWBE USE ONLY REVIEWED BY: <i>[Signature]</i> DATE: 11/12/15 UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Contract No.: _____ Project No. (if applicable): _____ Contract Award Date: _____ Estimated Date of Completion: _____ Amount Obligated Under the Contract: _____ NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ </p> | | | | |
| <p> Please submit to: NYS Office for the Aging: 2 ES Plaza, Albany, NY 12223-1251 MWBE 103 (Revised 9/12) </p> | | | | |