Henry St #1
C120031

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: 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 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. M&M Environmental	NYS ESD CERTIFIED ☒ MBE ☐ WBE	20-819-6712	Exterminating services	$250 total, paid monthly during period of contract
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): Josephine Lume CFO
DATE 7/29/2014

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.

TELEPHONENO.: 212-766-9200
EMAIL ADDRESS: jlume@henrystreet.org

FOR MWBE USE ONLY

REVIEWED BY: Joseph Bay
DATE: 8/7/14

UTILIZATION PLAN APPROVED: ☒ YES ☐ NO Date: 8/7/14
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)