Coney Island

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: Jewish Association For service For The Aged
Address: 247 West 37th Street, 9th Floor
City, State, Zip Code: New York, NY 10018
Telephone No.: 212-273-5200
Region/Location of Work:

Federal Identification No.: 13-2620896
Solicitation No.: C120033
Project No.:
MWBE Goals in the Contract: MBE % WBE 20%

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. AMAZING DESTINATIONS LTD	**NYS ESD CERTIFIED** ☐ MBE X☐ WBE	20-8196712	Group Outing / Travel	$1,360.00
B. Jason Office Products Inc	**NYS ESD CERTIFIED** ☐ MBE X☐ WBE	13-3978994	Office Supplies	$1,295.00

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): Olga Kovalchuk
DATE: 06/21/2014

NAME AND TITLE OF PREPARER (Print or Type): Olga Kovalchuk
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.: (212) 273-5274
EMAIL ADDRESS: OKovalchuk@jasa.org

FOR MWBE USE ONLY

REVIEWED BY:
DATE: 7/14/14

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)