

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.

Offeror's Name: **Jewish Association for Services for the Aged (Trump United)**
 Address: **247 West 37th Street, 9th Floor**
 City, State, Zip Code: **New York, NY 10018**
 Telephone No.: **212-273-5200**
 Region/Location of Work: **METRO NYC**

Federal Identification No.: **13-2620896**
 Solicitation No.: **C120034**
 Project No.: **20%** **10%**
 MWBE Goals in the Contract: **10%** **2%**

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 71-21 166th STREET FRESH MEADOWS, NY 11365	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	20-8196712	GROUP OUTTINGS / TRANSPORTATION	\$1,000.00
B. OFFICE PROS 193 AUTUMN AVENUE, SUITE 2R BROOKLYN, NY 11208	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	059-923099	OFFICE SUPPLIES	\$2,000.00

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): *Ying Yu*
 DATE: 7/13/2016

NAME AND TITLE OF PREPARER (Print or Type): **Ying Yu, Dir of Financial Planning & Analysis**
 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, 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.

Please submit to:
 NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251

MWBE 103 (Revised 9/12)

TELEPHONE NO.: 212-273-5220	EMAIL ADDRESS: yyu@jasa.org
REVIEWED BY: <i>[Signature]</i>	FOR MWBE USE ONLY
DATE: <i>7/1/16</i>	
UTILIZATION PLAN APPROVED: <input checked="" 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: _____	
Description of Work: _____	
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: _____