2013-14 contract; ends 12/31/14

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: LINCOLN SQUARE NEIGHBORHOOD CENTER
Address: 250 WEST 65TH STREET
City, State, Zip Code: NEW YORK, NY 10023
Telephone No.: 212 874-0860
Region/Location of Work: SENIOR CENTER AUDITORIUM/GYMNASIUM

Federal Identification No.: 13-1825918
Solicitation No.: OFA01-C120036-101000 C120036
Project No.: 82014
MWBE Goals in the Contract: MBE 10 % WBE 10 %

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. ONLY THE BEST FOR LESS, INC, 95 WEST 95TH STREET SUITE 10C NEW YORK, NY. 10025	NYS ESD CERTIFIED ☑ MBE ☐ WBE	900785620	PURCHASE OF DIGITAL PROJECTOR AND AUDIO PA SYSTEM SPEAKERS, MICROPHONES, MOUNTING BRACKETS.	~~$ 2,621.00~~ $1,966.00
B. ONLY THE BEST FORLESS@HOTMAIL.COM (212) 961-1521 DONALD WILLIAMS ~~646~~-559-0769 FAX	NYS ESD CERTIFIED ☐ MBE ☐ WBE		(SEE ATTACHED ITEMIZED LIST)	

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): Joanne Gray, Director Senior Services
DATE: 8/28/14

TELEPHONE NO.: 212 874-0860
EMAIL ADDRESS: Joanne.gray@LSNCNY.ORG

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.

FOR MWBE USE ONLY

REVIEWED BY: [signature] **DATE:** 9/1/14

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)