C120043 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. 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: Selfhelp Community Services, Inc. (Big Six Towers NORC Program)
Address: 520 8th Avenue
City, State, Zip Code: New York, NY 10018
Telephone No.: 212-971-7600
Region/Location of Work: New York City

Federal Identification No.: 13-1624178
Solicitation No.:
Project No.:
MWBE Goals in the Contract: MBE % WBE 30%

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. Mrs. Paper 31 West 34th Street, Suite 8044 New York, NY, 10001 212-532-7776 marion@mrspaper.com	NYS ESD CERTIFIED ☐ MBE ☒ WBE	133128766	Provide paper, office papers, specialty papers, printing papers, envelopes, folders, office supplies, ink toner and cartridges. We distribute to all regions in NYS. A goal of Mrs. Paper is to nourish sustainability by helping clients meet their current green objectives and assisting clients to convert to environmentally friendly products. Mrs. Pater is FSC Certified through the Rainforest Alliance and can offer clients an additional option for environmentally responsible paper products from well-managed forests.	$142.00
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): Brooke Samuelson
DATE: 10/6/16

NAME AND TITLE OF PREPARER (Print or Type): Brooke Samuelson, Programs Director

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.: 718-565-6569
EMAIL ADDRESS: bsamuelson@selfhelp.net

FOR MWBE USE ONLY
REVIEWED BY:
DATE: 10/17/16

UTILIZATION PLAN APPROVED: ☐ YES ☐ NO Date:
Contract No.:
Project No. (if applicable):