

C120043
7/1/15 - 6/30/16

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: Selfhelp Community Services, Inc. (Big Six Towers NORC Program)
 Address: 520 8th Avenue
 City, State, Zip Code: New York, New York 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 <input type="checkbox"/> MBE <input checked="" type="checkbox"/> 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. Paper is FSC [®] 1/2 Certified through the Rainforest Alliance and can offer clients an additional option for environmental responsibility: 1/2 paper products from well-managed forests.	\$2,295
B	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> 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): *Patricia Kaufman*
 DATE: 10/30/15

TELEPHONE NO.: (212) 971-7616
 EMAIL ADDRESS:

NAME AND TITLE OF PREPARER (Print or Type):
 SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO

FOR MWBE USE ONLY
 REVIEWED BY: *[Signature]*
 DATE: 11/12/15