

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.
Address: 520 Eighth Avenue
City, State, Zip Code: New York, NY 10018
Telephone No.: 212-971-7616
Region/Location of Work: Queens, NY

Federal Identification No.: 13-1624178
Solicitation No.: C120044
Project No.: 71115-613016
MWBE Goals in the Contract: MBE ~~15%~~ WBE ~~15%~~

<p>1. Certified MWBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.</p>	<p>2. Classification</p> <p>NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE</p>	<p>3. Federal ID No.</p> <p>13-3128766</p>	<p>4. Detailed Description of Work (Attach additional sheets, if necessary)</p> <p>Office supplies, paper, printing</p>	<p>5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.</p> <p>\$105.60 \$166.00</p>
<p>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).</p>				
<p>PREPARED BY (Signature): <i>Patricia Kaufman</i> DATE: October 26, 2015</p>				
<p>NAME AND TITLE OF PREPARER (Print or Type): Patricia Kaufman, Managing 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.</p>				
<p>TELEPHONE NO.: 212-971-7616 EMAIL ADDRESS: pkaufman@selfhelp.net</p> <p>FOR MWBE USE ONLY REVIEWED BY: <i>[Signature]</i> DATE: 11/12/15</p> <p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Contract No.: _____ Project No. (if applicable): _____</p> <p>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: _____</p>				
<p>Please submit to: NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251 MWBE 103 (Revised 9/12)</p>				