

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: Stanley M. Isaacs Neighborhood Center
 Address: 415 E. 93 Street
 City, State, Zip Code: New, NY 10128
 Telephone No.: 212-360-7620
 Region/Location of Work:

Federal Identification No.: 13-2572034
 Solicitation No.:
 Project No.:
 MWBE Goals in the Contract: MBE 10% WBE 10% 30% (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. Amazing Destinations 213-37 39 Ave. St.# 259 Bayside, NY 11361 Toll Free (866) 599-6583 Phone (718) 569-0184	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	# 20-819-6712	Will provide charter bus service to and from two day trip locations within NYS for NORC clients.	Trip 1: Spring 2016 Trip 2: Spring 2016 Approximate cost of each trip: \$2000, totaling \$4000
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): 

DATE: 7/27/15

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.

TELEPHONE NO.: 212-360-7620 Ext. 158	EMAIL: ksimmons@isaacscenter.org	ADDRESS:
REVIEWED BY: 	DATE: 8/19/15	
FOR MWBE USE ONLY		
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:		

7/1/15-6/30/16
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