approved okay to file SAW

REVISED

C120045

MWBE UTILIZATION PLAN - FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING

7/1/14-6/30/15

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, Inc.
Address: 415 East 93rd Street
City, State, Zip Code: New York, 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 ~~15~~% 0 WBE ~~15~~ % 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 39th Ave Ste#259 Bayside, NY 11361 Toll Free (866) 599-6583 Phone (718) 569-0184	NYS ESD CERTIFIED ☐ MBE X☐ WBE	#20-819-6712	Will provide charter bus service to and from two day trip locations within NY State for NORC clients.	Trip 1:May 2015 Trip 2: June 2015 Cost of trip totaling $7560
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):
DATE: 04/17/2015

NAME AND TITLE OF PREPARER (Print or Type): Rhonda Braxton
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.

Rhonda Braxton

TELEPHONE NO.: (212) 360-7620

EMAIL ADDRESS: rbraxton@isaacscenter.org

FOR MWBE USE ONLY

REVIEWED BY: **DATE:** 10/8/15

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)