

Q130050 1/1/16 - 12/31/16

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. Utilization of certified minority- and women-owned business enterprises for non-commercially useful functions may not be counted towards utilization of certified minority- and women-owned business enterprises as identified in this utilization plan.

Offeror's Name: Catholic Charities Senior & Caregiver Support Services
 Address: 1473 Erie Blvd, 3rd Floor
 City, State, Zip Code: Schenectady, NY 12305
 Telephone No.: 518-372-5667
 Region/Location of Work: Albany, Schenectady, Saratoga, Schoharie, Columbia, Greene, Fulton, Montgomery, Warren, Washington, Herkimer, Otsego, Delaware, Rensselaer Counties

Federal Identification No.: 14-1340033
 Solicitation No.: 130050
 Project No.:
 MWBE Goals in the Contract: MBE 15% WBE 15%

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. Martinez Cleaning 905 Mohagan Road Schenectady, NY 12309 518-382-3002	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	84-1670959	Janitorial and cleaning services	\$2,454.00
B. S & B Computer and Office Products Seema Nepal 17 Wood Road, Suite 700 Round Lake, NY 12151 518-877-9500	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	14-1752798	Office supplies	\$759.00; as needed

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): *M. Helen DeLorenz*
 DATE: 1/15/16

NAME AND TITLE OF PREPARER (Print or Type): Marlene Hildenbrand, Executive 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.: 518-372-5667
 EMAIL ADDRESS: mhildenbrand@cathcharchsdny.org

FOR MWBE USE ONLY
 REVIEWED BY: *[Signature]* DATE: 2/1/16
 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)