

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: Aging in New York Fund, Inc
Address: 2 Lafayette Street, 11th floor
City, State, Zip Code: New York, NY 10007
Telephone No.: (212) 602-4455
Region/Location of Work: New York, NY

9/30/15 - 10/30/16

Federal Identification No.: 13-3153550
Solicitation No.: *Contract No: C1300165*
Project No.:
MWBE Goals in the Contract: MBE 10% WBE 10% 20%

1. Certified MWBE Subcontractor/s/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. Awe-Huhl Creative Services, LLC	NYS ESD CERTIFIED <input type="checkbox"/> MBE X WBE	20-3348345	Outreach material for Sandy victims such as bags, pens, stress balls, notepads, tooth brushes, hand sanitizer	\$26,418.50
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): *Helene Heller*
DATE: *9/11/2015*

NAME AND TITLE OF PREPARER (Print or Type): Helene Heller, Director of Operations

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>TELEPHONE NO.: (212) 602-4455</p> <p>FOR MWBE USE ONLY</p> <p>REVIEWED BY: <i>Helene Heller</i></p> <p>DATE: <i>9/15/15</i></p>	<p>EMAIL ADDRESS: helene@anyf.org</p> <p>UTILIZATION PLAN APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>Contract No.: _____ Project No. (if applicable): _____</p> <p>Contract Award Date: _____</p> <p>Estimated Date of Completion: _____</p> <p>Amount Obligated Under the Contract: _____</p> <p>Description of Work: _____</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>
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Please submit to:
 NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251
 MWBE 103 (Revised 9/12)