

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

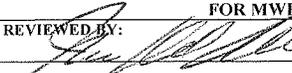
INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and 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: New York Legal Assistance Group
Address: 7 Hanover Square, 18th Fl.
City, State, Zip Code: New York, NY 10004
Telephone No.: (212) 613-5000
Region/Location of Work: Greater NYC area

Federal Identification No.: 13-3505428
Solicitation No.: C140072
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. ProfTech 200 Clearbrook Road Elmsford, NY 10523 admin@proftech.com (800) 937-8354 x112	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	13-3978457	Office supplies	\$531
B. Jason Office Products, Inc. 140 West 31 st St. New York, NY 10001 hnovatt@jasonoffice.com (212) 279-7455	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	13-3978994	Office supplies	\$531

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: 12/2/15 NAME AND TITLE OF PREPARER (Print or Type): Jennifer Schwarzchild/Government Relations Manager 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) 613-5061	EMAIL jschwarzchild@nylag.org	ADDRESS:
	FOR MWBE USE ONLY		
	REVIEWED BY: 	DATE: 6/27/14	
	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:		