

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

10/1/15 - 9/30/16

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: Empire Justice Center
Address: One West Main Street, Suite 200
City, State, Zip Code: Rochester, NY 14614
Telephone No.: (585) 454-4060
Region/Location of Work: New York State

Federal Identification No.: 16-1487925
Solicitation No.: C140074
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. FM Resources One Woodbury Blvd. Rochester, NY 14604	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	16-1478699	Office supplies and equipment vendor	\$1221
B. DOX Electronics, Inc. 105 College Ave Rochester, New York 14607	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	16-1252404	Contract Services - IT and website	\$1221

6. IF UNABLE TO FULLY MEET THE MBE AND MWBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (MWBE 104).

PREPARED BY (Signature): 
DATE: 1/8/2016

NAME AND TITLE OF PREPARER (Print or Type): Kristi Hughes, VP Administration
 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.: _____ **EMAIL ADDRESS:** _____

REVIEWED BY:  **DATE:** 1/13/16

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)

Email Khughes@empirejustice.org

C140074