4/1/13 - 3/31/16

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 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: Home Aides of Central New York
Address: 1050 West Genesee Street
City, State, Zip Code: Syracuse, NY 13204
Telephone No.: (315) 477-9315
Region/Location of Work: Onondaga County

Federal Identification No.: 16-0916474
Solicitation No.:
Project No.: C140077
MWBE Goals in the Contract: MBE ~~15%~~ 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. Lighthouse Marketing - 5821 Action St., Syracuse	NYS ESD CERTIFIED ☐ MBE ☒ WBE	16-1373437	Marketing (Advertising)	323.00
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): William Olschewske
DATE: 8/16/2016

NAME AND TITLE OF PREPARER (Print or Type): William Olschewske
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.: (315) 477-9315
EMAIL ADDRESS: bolschewske@477home.org

FOR MWBE USE ONLY
REVIEWED BY:
DATE: 8/17/16

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)