

4/1/16 - 3/31/17

**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 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 State Adult Day Services Association, Inc.  
 Address: 1450 Western Ave. Suite 101  
 City, State, Zip Code: Albany, NY 12206  
 Telephone No.: 518-694-5366  
 Regional/Location of Work:

Federal Identification No.: 16-1154858  
 Solicitation No.: 2140079  
 Project No.: 15  
 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 Subcontract/Supplies/Services and intended performance dates of each component of the contract.
A. Tantquidgeem Office, Janitorial and Facility Supplies 94 Main Street Schaghticoke, NY 12154 518-544-9500 east_surr@tantquidgeem.com	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> MWBE	<u>26-1152591</u>	For Office Supplies, training materials, conference supplies	\$7,768.00 by March 31, 2017
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

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

PREPARED BY (Signature): Victoria Palastick  
 DATE: 8/17/16  
 NAME AND TITLE OF PREPARER (Print or Type): Victoria Palastick, Administrator  
 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 NON-COMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.

TELEPHONE NO.: (518) 694-5366 EMAIL ADDRESS: NYSADBSA@cap hill.com  
 FOR MWBE USE ONLY  
 REVIEWED BY: [Signature] DATE: 9/1/16  
 UTILIZATION PLAN APPROVED:  YES  NO Date: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_ Project No. (if applicable): \_\_\_\_\_  
 Contract Award Date: \_\_\_\_\_  
 Estimated Date of Completion: \_\_\_\_\_