

11/1/14 - 10/31/15

### 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: Northeast Health Foundation, on behalf of The Eddy  
 Address: 2224 Burdett Ave.  
 City, State, Zip Code: Troy, NY 12180  
 Telephone No.: 518-274-0190  
 Region/Location of Work: Eddy Daybreak, 50 Herrick St., Rensselaer, NY 12144

Federal Identification No.: 22-2743478  
 Solicitation No.: C140089  
 Project No.:  
 MWBE Goals in the Contract: 30% combined

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. Alpha Office Supplies Inc	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		Office supplies	\$300.00
B. ISLAND SCHOOL & ART SUPPLY INC	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		Art supplies for participant use with the art therapist	\$318.00

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): *Lisa R. Smith*  
 DATE: 9-24-2015

TELEPHONE NO.: 518-271-5036  
 EMAIL: LisaR.Smith@spdp.com  
 ADDRESS:

NAME AND TITLE OF PREPARER (Print or Type): Lisa R. Smith, Grants 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.

REVIEWED BY: *[Signature]* DATE: *3/2/14*  
 FOR MWBE USE ONLY  
 UTILIZATION PLAN APPROVED:  YES  NO Date: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_ Project No. (if applicable): \_\_\_\_\_

Please submit to:  
 NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251  
 MWBE 103 (Revised 9/12)

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: \_\_\_\_\_