

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: Resource Center for Independent Living, Inc
 Address: 409 Columbia St, PO Box 210
 City, State, Zip Code: Utica, NY 13503-0210
 Telephone No.: 315-797-4642
 Region/Location of Work: Central New York

Federal Identification No.: 22-2518284
 Solicitation No.: C140103
 Project No.: C140103
 MWBE Goals in the Contract: MBE 0% WBE 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. Office World 6371 Collamer Road East Syracuse, NY 13057	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	16-1570393	Non household supplies for Programmatic activities	\$373
	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> 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): *Kristin E Case*
 DATE: April 26, 2016

TELEPHONE NO.: 315-797-4642 x2955
 EMAIL ADDRESS: kcase@rcil.com

NAME AND TITLE OF PREPARER (Print or Type): Kristin Case - Finance Analyst 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.

FOR MWBE USE ONLY
 REVIEWED BY: *[Signature]* DATE: *4/26/16*

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

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: _____

MWBE 103 (Revised 9/12)