

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: Usher Home Care, Inc.
 Address: 80 Bow 1850
 City, State, Zip Code: Kingston NY 12440
 Telephone No.: 845 339-6083
 Region/Location of Work: Ulster County

2/1/10 - 1/31/17

Federal Identification No.: 141702962
 Solicitation No.: C140105
 Project No.:
 MWBE Goals in the Contract: MBE % 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. Celeste Garcia 144 W. Bridge St. Kingston NY 12447	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	2607-76-2831 <u>pending</u>	Dance/Yoga / Exercise Management Activities in Day Center	\$ 13,041
B.	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): [Signature]
 DATE: 5/10/15

NAME AND TITLE OF PREPARER (Print or Type):
 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.

Swain C. Koppelman

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

TELEPHONE NO.: 845 339 6083 EMAIL ADDRESS: skopp@ushercare.com
 REVIEWED BY: [Signature] FOR MWBE USE ONLY DATE: 7/8/15
 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: _____