Contract ends 3/31/15

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.

Offeror's Name: NORTH FLUSHING SENIOR CENTER INC
Address: 29-09 137 STREET
City, State, Zip Code: FLUSHING NY 11354
Telephone No.: 718 358 9193
Region/Location of Work: QUEENS NY

Federal Identification No.: 112741128
Solicitation No.: C1408200
Project No.:
MWBE Goals in the Contract: MBE 20% WBE 0%

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. MID-TOWN OFFICE SUPPLIES INC. 16 CLYDE STREET NEW HYDE PARK, NY 11040 1 800-860-3390 INFO@MIDTOWNOFFICESUPPLIES.COM	NYS ESD CERTIFIED X MBE ☐ WBE		OFFICE/MAINTENANCE/ KITCHEN SUPPLIES	$1400.
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): R.A. Goldenberg
DATE: 10/28/2014

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

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.: 718 358-9193
EMAILADDRESS: nfseniorcenter@aol.com

FOR MWBE USE ONLY

REVIEWED BY:
DATE: 11/26/14

UTILIZATION PLAN APPROVED: ☒ YES ☐ NO Date:
Contract No.:
Project No. (if applicable):

Contract Award Date:
Estimated Date of Completion: