

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 woman owned business enterprises for non-commercially useful functions may not be counted toward utilization of certified minority and woman owned business enterprises identified in this utilization plan.

Offeror's Name: Riverdale Senior Services, Inc.
 Address: 2600 Netherland Avenue
 City, State, Zip Code: Bronx, NY 10463
 Telephone No.: 718-884-5900
 Region/Location of Work: Bronx, NY

Federal Identification No.: 23-7357997
 Solicitation No.:
 Project No.:
 MWBE Goals in the Contract: MBE 30% WBE %

C150002
 7/11/15-6/30/16

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. Urban Office Products 251 W 39th Street 12th Floor New York, NY 10018	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	20-3825134	Office Supplies and Cleaning Supplies	3,460
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): *Julia Schwartz* DATE: 8/12/15
 NAME AND TITLE OF PREPARER (Print or Type): Julia Schwartz-Leeper, Executive Director

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.: 718-884-5900 EMAIL ADDRESS: jschwartz-leeper@riverdalesejior.org

FOR MWBE USE ONLY
 REVIEWED BY: *[Signature]* DATE: 7/11/15

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: _____

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