

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 15% WBE 15%

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 Subcontractors/Supplies/Services and intended performance dates of each component of the contract.
A. Information Systems Essentials Inc., DBA ISE Office Plus 4422 Bronx Boulevard Bronx, NY 10470	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	13-3121082	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-Leeper*
DATE: 12/3/15
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@riverdaleseior.org
FOR MWBE USE ONLY	
REVIEWED BY: <i>[Signature]</i>	DATE: 12/9/15
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	
NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	

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

Contract # 0FA01 - 2150002 - 1010000
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7/11/15 - 6/30/16
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