

# 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:** Jewish Family Service of Rochester, Inc.

**Address:** 441 East Ave

**City, State, Zip Code:** Rochester, NY 14607

**Telephone No.:**

**Region/Location of Work:** Upstate New York/Rochester

**Federal Identification No.:** 16-0743059

**Solicitation No.:**

**Project No.:** Contract C100007 13270 16802

**MWBE Goals in the Contract:** MBE 15% WBE 15% 11/16-12/31/16

C150024

| 1. Certified MWBE Subcontractors/Suppliers<br>Name, Address, Email Address, Telephone No. | 2. Classification  | 3. Federal ID No. | 4. Detailed Description of Work<br>(Attach additional sheets, if necessary) | 5. Dollar Value of Subcontracts/<br>Supplies/Services and intended<br>performance dates of each<br>component of the contract. |
|---|--|-------------------|---|---|
| A. We're Forms (DBA)<br>Audrie Enterprises, Inc.  | NYS ESD CERTIFIED<br><input type="checkbox"/> MBE<br><input checked="" type="checkbox"/> WBE | 16-1242278        | Office Supplies Primary   | \$500 will be spent as needed throughout the year   |
| B. ATS Consulting Group Corp  | NYS ESD CERTIFIED<br><input checked="" type="checkbox"/> MBE<br><input type="checkbox"/> WBE | 59-3800511        | Information Technology Support  | Services are provided as needed and estimated to total \$400 for the current year.  |

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):** 

**DATE:** 11/16/15

**NAME AND TITLE OF PREPARER (Print or Type):** Kristen Lang, Chief Financial Officer  
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.:** 585-461-0110

**EMAIL ADDRESS:** klang@jfsrochester.org

**REVIEWED BY:**  FOR MWBE USE ONLY

**DATE:** 11/19/15

**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  
MWBE 103 (Revised 9/12)

**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: \_\_\_\_\_