

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: Jewish Family Services of Northeastern New York
Address: 877 Madison Avenue
City, State, Zip Code: Albany, N.Y. 12208
Telephone No.: 518-482-8856
Region/Location of Work: Albany

Federal Identification No.: 141338308
Solicitation No.: C150022
Project No.:
MWBE Goals in the Contract: MBE WBE 30%
 11/16 - 12/31/16

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. Brigar X-Press Solutions, Inc., DBA Digital X-Press Pamela McGrath 5 Sand Creek Road Albany NY 12205 jodi@digitalx-press.com	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	14-1724889	Printing and mailing of monthly NNORC newsletters	\$8,100 per year; \$900 per month
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): 
DATE: May 12, 2016

NAME AND TITLE OF PREPARER (Print or Type): Robert Marmor, President & CEO
 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.

FOR MWBE USE ONLY

TELEPHONE NO.: 518-482-8856 EMAIL ADDRESS: rmarmor@jfsnyny.org

REVIEWED BY:  DATE: 5/13/16

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)