

2150024

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: Samuel Field YMA&YVHA
 Address: 58-20 Little Neck Parkway
 City, State, Zip Code: Little Neck Parkway, Little Neck, NY 11362
 Telephone No.: 718-225-6750
 Region/Location of Work: 11/1/16 - 12/3/16

Federal Identification No.: 11-3071518
 Solicitation No.: ~~6440077~~ 2150024
 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 Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A. EBONY OFFICE SUPPLIES 44-02 11 TH STREET SUITE 503 Long Island City, NY 11101	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	13-3418504	Office supplies, stationary, office furniture	\$825,007 750.00
B. JFK OFFICE SUPPLIES 158-08 ROCKAWAY BLVD JAMAICA, NY 11434	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	11-2603317	Water, Packaged Snacks, Office Supplies Paper Products, toner, paper, etc	\$825,007 750.00

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): *Sabrina Maraj*
 DATE: 1/11/2016

NAME AND TITLE OF PREPARER (Print or Type): Sabrina Maraj/Contracts Manager
 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

REVIEWED BY: *[Signature]* DATE: 1/13/16

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: _____

TELEPHONE NO.: 718-225-6750
 EMAIL ADDRESS: Smaraj@sly.org

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