

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: Edith and Carl Marks Jewish Community House of Bensonhurst
Address: 7802 Bay Parkway
City, State, Zip Code: Brooklyn, NY 11214
Telephone No.: 718-331-6800
Region/Location of Work: Southern Brooklyn

Federal Identification No.: 11-1633484
Solicitation No.: NYS Dept of Aging NNORC
Project No.: 8.152
MWBE Goals in the Contract: MBE 15% WBE 15%

C15 0026
 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. <i>Circle Janitorial Supplies, Inc; 5 East 12th Street, Paterson, NJ 07524; sales@circlejanitorial.com; 973-345-1212</i>	NYS ESD CERTIFIED YES MBE YES MWBE US 25 MBE	222-333-034	Cleaning Supplies purchase	723
B. <i>Maureen Data System Inc., 307 West 38th Street Suite 1801, New York, 10018</i>	NYS ESD CERTIFIED MBE YES WBE	133-817-821	Computer Equipment and Supplies	1,938

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: 11/17/2015

Jay Borenstein

NAME AND TITLE OF PREPARER (Print or Type): Jay Borenstein, Assistant Controller
 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.: 718-943-6314

EMAIL ADDRESS: jay@jchb.org

FOR MWBE USE ONLY

REVIEWED BY:

DATE:

Jay Borenstein 11/17/15

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: _____

2015-11-29