

2150028

1/1/16 - 12/31/16

MWBE UTILIZATION PLAN - FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING

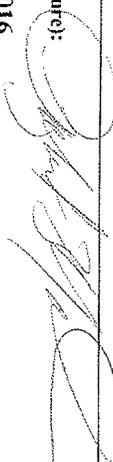
INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary.

Offeror's Name: Jacob A. Riis Neighborhood Settlement
Address: 10-25 41st Avenue
City, State, Zip Code: Long Island City, New York 11101
Telephone No.: (718) 784-7447
Region/Location of Work: Queens

Federal Identification No.: 11-1729398
Solicitation No.:
Project No.:
MWBE Goals in the Contract: MBE 30% WBE %

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. Grand Meridian Printing Inc. d/b/a GM Printing 31-16 Hunters Point Ave, LIC, NY 11101 (718) 937-3888	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	13-3716269	Printing of business cards	\$145.00 - May 2016
B. Abraham's Transportation Service and Charter 144-15 101 Avenue, Jamaica, New York 11435 (718) 739-3994	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	11-3532184	Charter and shuttle transportation to events (vans, mini-buses and motor coaches)	\$2,455.00 (May - November 2016)

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: February 10, 2016

NAME AND TITLE OF PREPARER (Print or Type): Robert Madison, Director Senior Services

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.

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

TELEPHONE NO.: 718-784-7447 ext 135
EMAIL: Rmadison@rissettlement.org
ADDRESS:

REVIEWED BY:  FOR MWBE USE ONLY DATE: 2/3/16

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: _____