

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: Mid-Island Y JCC (Project PACE)
Address: 45 Manetto Hill Road
City, State, Zip Code: 45 Manetto Hill Road, Plainview, NY 11803
Telephone No.: (516) 822-3535
Region/Location of Work: Long Island

Federal Identification No.: 11-184-1899
Solicitation No.:
Project No.:
MWBE Goals in the Contract: MBE 18% WBE 12%

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 Products 44-02 11th Street, Suite 503 Long Island City, NY 11101 info@ebonyproducts.com 718-706-8200	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	11-2603317	Supply purchases (office and or maintenance/janitorial supplies).	\$700.00, as needed
B. Wais International Inc. 200 Manchester Road Poughkeepsie, NY 12603 wais2@hvc.fr.com 845-473-2106	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	14-1622445	Supply purchases (office and or maintenance/janitorial supplies).	\$700.00, as needed
C. Proftech LLC 200 Clearbrook Road Elmsford, NY 10523 ADMIN@PROFTECH.COM 800-937-8354 Ext. 112	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	13-397-8457	Supply purchases (office and or maintenance/janitorial supplies).	\$650.00, as needed
D. New Computech 39 BROADWAY SUITE # 1630 NEW YORK, NY 10006 mona@newcomputech.com 212-406-1801	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	13-3892505	Computer and/or printer purchase	\$600.00, 1 st quarter 2016
E. Innovation 107-27 LIBERTY AVENUE OZONE PARK, NY 11417 ART@GGINNOVATION.COM 718-641-2222	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	11-2715884	Printing and promotional items.	\$850.00, as needed

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): *Ray Muth* TELEPHONE NO.: (516) 822-3535 EMAIL ADDRESS: kmartin@nitycc.org
 DATE: 10/5/2015 FOR MWBE USE ONLY

NAME AND TITLE OF PREPARER (Print or Type): Kay Martin, CFO
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)

REVIEWED BY:

DATE:

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: _____