

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: Selfhelp Community Services, Inc.
Address: 520 Eighth Avenue
City, State, Zip Code: New York, NY 10018
Telephone No.: 212-971-7616
Region/Location of Work: New York City

Federal Identification No.: 13-1624178
Solicitation No.:
Project No.:
MWBE Goals in the Contract: MBE 15% WBE 15%
 C156030
 3000 1/11/16-12/31/16

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 Subcontractors/Supplies/Services and intended performance dates of each component of the contract.
A. Mrs. Paper 31 West 34 th Street, Suite 8044 New York, NY 10001 Marion@mspaper.com 212-532-7776	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> X WBE	13-3128766	Office supplies, paper, printing	\$2,076
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): *Patricia L. Kaufman*
 DATE: October 28, 2015

NAME AND TITLE OF PREPARER (Print or Type): Patricia L. Kaufman, Managing Director
 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.

212-971-7616	EMAIL ADDRESS: pkaufman@selfhelp.net
FOR MWBE USE ONLY	
REVIEWED BY: <i>[Signature]</i>	DATE: 11/27/15
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	
NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	

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