

**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:** Shorefront YM-YWHA of Brighton-Manhattan Beach, Inc.  
**Address:** 3300 Coney Island Ave.  
**City, State, Zip Code:** Brooklyn, NY 11235  
**Telephone No.:** (718) 646-1444  
**Region/Location of Work:** Kings County

**Federal Identification No.:** 11-3070228  
**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. Midtown Office Supplies, Inc. 16 Clyde Street, New Hyde Park, NY 11040 (800) 860-3390	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	13-4155081	Program and Janitorial supplies Office Supplies	\$2,500.00 \$500.00
	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):** *Lyuba Kacnagaridze*  
**DATE:** 11/27/15

**NAME AND TITLE OF PREPARER (Print or Type):** Lyuba Kacnagaridze  
 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.

(718) 646-1444 ext 305

**Please submit to:**  
 NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251

MWBE 103 (Revised 9/12)

<b>TELEPHONE NO.:</b> (347)689-1806	<b>EMAIL ADDRESS:</b> kuchugl@shorefronty.org
<b>FOR MWBE USE ONLY</b>	<b>DATE:</b> 12/3/15
<b>REVIEWED BY:</b> <i>[Signature]</i>	
<b>UTILIZATION PLAN APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date:</b> _____
<b>Contract No.:</b> _____	<b>Project No. (if applicable):</b> _____
<b>Contract Award Date:</b> _____	
<b>Estimated Date of Completion:</b> _____	
<b>Amount Obligated Under the Contract:</b> _____	
<b>Description of Work:</b> _____	
<b>NOTICE OF DEFICIENCY ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date:</b> _____
<b>NOTICE OF ACCEPTANCE ISSUED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date:</b> _____

C150031 1/1/16 - 12/3/16