

2150037 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. 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: The Hebrew Home for the Aged at Riverdale
Address: 5901 Palisade Avenue
City, State, Zip Code: Bronx, New York 10471
Telephone No.: 718-581-1251
Region/Location of Work: Bronx, New York

Federal Identification No.: 13-1739971
Solicitation No.:
Project No.:
MWBE Goals in the Contract: MBE 30% WBE 0%

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. Universal Business Solutions 3410 Paul Avenue, Suite 35 Bronx, New York 10468 Abraham Thomas 212-643-4808	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE		Office and program supplies ESD F 0459	1,775.00
B. Affordable Office Services 728 E. 136 th Street Bronx, New York 10454-3411 Alexander Pernas 718-292-5010	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE		Hospital Furniture Patient Recliners (4) NIGP41000	2,000.00

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 Greaney
DATE: 12/1/2015

NAME AND TITLE OF PREPARER (Print or Type):
 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.: 718-581-1251	EMAIL ADDRESS: pgreaney@ahbrewhome.org
FOR MWBE USE ONLY	
REVIEWED BY: <i>[Signature]</i>	DATE: 12/21/15
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: _____	