

Q15005GG

10/1/15 - 9/30/16

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 women-owned business enterprises for non-commercially useful functions may not be counted towards utilization of certified minority- and women-owned business enterprises as identified in this utilization plan.

Offeror's Name: Tompkins County Office for the Aging
 Address: 214 W. North Lakes King St.
 City, State, Zip Code: Ithaca, NY 14850
 Telephone No.: 607-274-5482
 Region/Location of Work: Southern Tier / Fingers Lakes

Federal Identification No.: 15-6000469
 Solicitation No.: _____
 Project No.: _____
 MWBE Goals in the Contract: MBE % WBE % 30% MWBE

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. <u>On Paper Plus, LLC, DBA Sign A Rama 537 W. State St. Ithaca, NY 14850 info@signarama-ithaca.com</u>	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE		<u>Produce sign for marketing/outreach for Ombudsman Program</u>	<u>\$495. by 9/30/16</u>
B. <u>607-273-1502</u>	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): Maria A. Thomas
 DATE: 4/14/16

NAME AND TITLE OF PREPARER (Print or Type):
 SUBMISSION OF THIS FORM CONSTITUTES THE OPEROR'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.: <u>607-274-5482</u>	EMAIL ADDRESS: <u>lholmes@tompkins</u>
REVIEWED BY: <u>[Signature]</u>	FOR MWBE USE ONLY
DATE: <u>4/14/16</u>	DATE: <u>4/14/16</u>
UTILIZATION PLAN APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Project No. (if applicable): _____
Contract Award Date: _____	Contract No.: _____
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: _____