

MWBE UTILIZATION PLAN - FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING

21500866 10/11/15 - 9/13/16

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: ARISE Child and Family Service, Inc.
Address: 635 James Street
City, State, Zip Code: Syracuse, NY 13203
Telephone No.: (315) 472-3171
Region/Location of Work: Region 10 (Onondaga, Cayuga, Cortland, Oswego Counties)

Federal Identification No.: 16-1186293
Solicitation No.: N/A
Project No.: Regional Long Term Care Ombudsman Program
MWBE Goals in the Contract: MBE 15%, WBE 15%
30% BW

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. CS Business Systems 1236 Main Street, Buffalo, NY 14209 Phone: (716) 886-6521 Email: kpeterson@csbusiness.com	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	16-1171177	3 laptops, carrying cases, mouse, MS Office software	\$3,138.99
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): *Kimberly Lipke*
DATE: June 12, 2015

NAME AND TITLE OF PREPARER (Print or Type): Kimberly Lipke, Director of Finance

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 ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.

TELEPHONE NO.: (315) 671-2958	EMAIL ADDRESS: klipke@ariseinc.org
FOR MWBE USE ONLY	
REVIEWED BY: <i>[Signature]</i>	DATE: 3/12/16
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO 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)