

# 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:** Action for Older Persons  
**Address:** 200 Plaza Drive, Suite B  
**City, State, Zip Code:** Vestal, NY 13850  
**Telephone No.:** 607-722-1251  
**Region/Location of Work:** 11

**Federal Identification No.:** 23-7060657  
**Solicitation No.:**  
**Project No.:**  
**MWBE Goals in the Contract:** MBE ~~36%~~<sup>27%</sup> WBE 30%

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.
<b>A. Curcio Printing</b> 513 Prentice Road Vestal, NY 13850 607-729-2477 cl@curcioprinting.com	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	Tax ID 161375617	Printing of brochures, business cards, and promotional materials	\$1,090.41
<b>B.</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):** *Casondra Hamilton*  
**DATE:** 3/24/2016

**NAME AND TITLE OF PREPARER (Print or Type):** Casondra Hamilton, Executive 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.

**TELEPHONE NO.:** 607-722-1251  
**EMAIL:** [chamilton@actionforolderpersons.org](mailto:chamilton@actionforolderpersons.org)  
**ADDRESS:**  
**FOR MWBE USE ONLY**

**REVIEWED BY:** *[Signature]* **DATE:** 3/25/16

**UTILIZATION PLAN APPROVED:**  YES  NO **Date:** \_\_\_\_\_  
**Contract No.:** \_\_\_\_\_ **Project No. (if applicable):** \_\_\_\_\_

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

**Contract Award Date:** \_\_\_\_\_  
**Estimated Date of Completion:** \_\_\_\_\_  
**Amount Obligated Under the Contract:** \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_  
**NOTICE OF DEFICIENCY ISSUED:**  YES  NO **Date:** \_\_\_\_\_  
**NOTICE OF ACCEPTANCE ISSUED:**  YES  NO **Date:** \_\_\_\_\_