

C15016GB 101115 - 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: Long Term Care Community Coalition  
 Address: One Penn Plaza, Suite 6252  
 City, State, Zip Code: New York, NY 10119  
 Telephone No.: 212-385-0355  
 Region/Location of Work: Greene, Columbia Ulster, Dutchess, Sullivan, Orange Counties

Federal Identification No.: 13-3565781  
 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. Golkhar's, Inc., 7321 State Route 251, Victor, NY 14563 585-924-2050 800-888-4920 <u>preeva@golkhars.com</u>	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	16-1331985	Office & computer equipment supplier	\$390 10/1/15 to 9/30/16
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):   
 DATE: 11/25/15

**NAME AND TITLE OF PREPARER (Print or Type):** Richard Molloy, 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.: 212-385-0355	EMAIL ADDRESS: richard@lccc.org
<b>FOR MWBE USE ONLY</b>	
REVIEWED BY: 	DATE: 11/1/15
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: _____	