

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

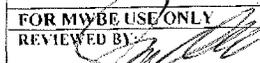
INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and 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: 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.: C15016GG
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. Wats International Inc 200 Manchester Road Poughkeepsie, NY 12603 845-473-2106	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	14-1622445	Purchased office paper 1/2 a carton for \$8 more than whole carton at Staples.	\$27
B. Mendez Instant Printing, Inc. DBA Mendez Printing 37-66 72 nd Street, Jackson Heights, NY 11372-9999, 718-639-7700	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	11-2534109	Print ombudsman brochures	\$293
C. Gholkar's Golkhar's, Inc., 7321 State Route 251, Victor, NY 14563 585-924-2050 800-888-4920 preeva@gholkars.com	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	16-1331985	Office & computer equipment supplier	\$70 <i>(in addition to \$242 spent in Nov.)</i>

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: 7/25/16 NAME AND TITLE OF PREPARER (Print or Type): Sara Rosenberg, Office Manager 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@ltccc.org & sara@ltccc.org
	FOR MWBE USE ONLY REVIEWED BY:  DATE: 7/29/16	
Please submit to: NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251 MWBE 103 (Revised 9/12)	UTILIZATION PLAN APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ 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: _____	