

C15018GG 1/1/16 - 12/31/16

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: Center for Independence of the Disabled, New York, Inc.
Address: 841 Broadway, Suite 301
City, State, Zip Code: New York, NY 10003
Telephone No.: 212-674 2300
Region/Location of Work: NYC

Federal Identification No.: 13-2984549
Solicitation No.:
Project No.:
MWBE Goals in the Contract: MBE 30% WBE 50%
 15% 15%

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. ISE Office Plus	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	13-3121082	Office supplies	\$2,397.00
B. CKC Design	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	45-3678342	Printing Services	\$2,397.00

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: 4/1/2016

NAME AND TITLE OF PREPARER (Print or Type): Cyrus Z. Kazi, Director of Administration & COO
 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.: 212-674 2300 **EMAIL ADDRESS:** ckazi@cidny.org

REVIEWED BY:  **DATE:** 4/5/16

FOR MWBE USE ONLY

UTILIZATION PLAN APPROVED: YES 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: YES NO **Date:** _____

NOTICE OF ACCEPTANCE ISSUED: YES NO **Date:** _____

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