7/1/16 - 6/30/17

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: Lifespan of Greater Rochester Inc.
Address: 1900 S. Clinton Ave.
City, State, Zip Code: Rochester NY 14618
Telephone No.: 585-244-8400
Region/Location of Work: New York State/Monroe County

Federal Identification No.: 16-0986298
Solicitation No.: C160004
Project No.:
MWBE Goals in the Contract: MBE ~~30~~ 15% WBE ~~30~~ 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. FM Office Express Inc.. 106 Despatch Dr. East Rochester, NY 14445 jbott@merkel.com 585-238-2858	NYS ESD CERTIFIED ☒ MBE ☐ WBE	16-478699	Office Supplies	$1,778 through 6/30/2017
B. Midnight Janitorial Inc. 96 Doris Road Rochester, NY 14622 angella@midnightjanitorial.com 585-414-6960	NYS ESD CERTIFIED ☐ MBE ☒ WBE	20-3816104	Janitorial Services	$500 through 6/30/2017
C. Panther Graphics 465 Central Avenue Rochester, NY 14605 tony@panthergraphics.net 585-546-7163	NYS ESD CERTIFIED ☒ MBE ☐ WBE	16-1441020	Printing	$1,300 through 6/30/2017

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): Jane G Kress
DATE: 9/12/2016
NAME AND TITLE OF PREPARER (Print or Type): Jane Griffin Kress, Contract Manager

TELEPHONE NO.: 585-244-8400 ext 184
EMAIL ADDRESS: jkress@lifespan-roch.org

FOR MWBE USE ONLY
REVIEWED BY:
DATE: 9/14/16