

M/WBE UTILIZATION PLAN

7/10/16 - 6/30/17

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 (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror's Name: Riverdale Senior Services, Inc.
 Address: 2600 Netherland Avenue
 City, State, Zip Code: Bronx, NY 10463
 Telephone No.: 718 884 5900
 Region/Location of Work: Bronx

Federal Identification No.: 23-7357997
 Solicitation No.: C160005
 Project No.:
 M/WBE Goals in the Contract: MBE 30% WBE %

1. Certified M/WBE 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 4422 Bronx Blvd Bronx, NY 10470	NYS ESD CERTIFIED <input type="checkbox"/> X MBE <input type="checkbox"/> WBE	13-3121082	Office supplies and cleaning supplies	\$5,819
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 (M/WBE 104).

PREPARED BY (Signature): *Julia Schwartz-Leeper*
 DATE: 8/4/16

TELEPHONE NO.: 718 884 5900
 EMAIL ADDRESS: jschwartz-leeper@riverdale-senior.org

NAME AND TITLE OF PREPARER (Print or Type): Julia Schwartz-Leeper
 SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE 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.

REVIEWED BY: *[Signature]* DATE: *8/11/16*
 FOR M/WBE 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: _____

M/WBE 103 (Revised 11/08)