

**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.

*Coney Island*  
*Active Archive*

2120033

Offeror's Name: **Jewish Association for Services for the Aged**  
 Address: **247 West 37th Street, 9th Floor**  
 City, State, Zip Code: **New York, NY 10018**  
 Telephone No.: **212-273-5200**  
 Region/Location of Work: **METRO NYC**

Federal Identification No.: **13-2620896**  
 Solicitation No.: **C120033**  
 Project No.: **11/15-12/3/15**  
 MWBE Goals in the Contract: MBE 5.3% WBE 14.7%

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.
<b>A.</b> AMAZING DESTINATIONS 71-21 166th STREET FRESH MEADOWS, NY 11365	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	20-8196712	GROUP OUTTINGS / TRANSPORTATION	\$3,000.00
<b>B.</b> OFFICE PROS 193 AUTUMN AVENUE, SUITE 2R BROOKLYN, NY 11208	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	059-923099	OFFICE SUPPLIES	\$3,300.00
<b>C.</b> Foundation Restaurant & Lounge Inc. 1254 Flatbush Ave BROOKLYN, NY 11226	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	061-704763	FOOD EXPENSES	\$3,600.00

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): *Zoya Rasolka*  
 DATE: 02/03/15

NAME AND TITLE OF PREPARER (Print or Type): **Zoya Rasolka, Contracts/Grants Analyst II**  
 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.

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

TELEPHONE NO.: 212-273-5277  
 EMAIL ADDRESS: [zrasolka@jasa.org](mailto:zrasolka@jasa.org)  
 REVIEWED BY: *[Signature]* FOR MWBE USE ONLY  
 DATE: *6/1/15*

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: \_\_\_\_\_