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.

Offeror's Name: Ridgewood Bushwick Senior Citizens Council, Inc.
Address: : 555 Bushwick Avenue,
Brooklyn, New York
City, State, Zip Code: 11206
Telephone No.:
Region/Location of Work: New York

Federal Identification No.: 112453853

Solicitation No.: M096170
Project No.:
MWBE Goals in the Contract: MBE ~~25~~% 13 WBE ~~25~~% 13

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. Inside Out Tours, LLC 419 Lafayette Street, 2nd Floor New York, NY 10003 info@insideouttours.com 718-644-8205 800-258-7359	NYS ESD CERTIFIED ☒ MBE ☒ WBE	VC00103030	Bus Trips and Admissions	$3000
B. AMAZING DESTINATIONS LTD 71-21 166TH STREET FRESH MEADOWS, NY 11365 info@amazingdestinationsltd.com 718-569-0184	NYS ESD CERTIFIED ☐ MBE ☒ WBE	000175698	Bus Trips and Admissions	$3,000

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: 12/16/2014

NAME AND TITLE OF PREPARER (Print or Type): Sandra Christian, AED

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.: 718-821-0254 x 1102

EMAIL ADDRESS: schristian@rbscc.org

FOR MWBE USE ONLY

REVIEWED BY:

DATE: 1/21/15

UTILIZATION PLAN APPROVED: ☒ YES ☐ NO Date:
Contract No.:
Project No. (if applicable):

Contract Award Date:
Estimated Date of Completion: