

# MWBE UTILIZATION PLAN - FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING

11/15 - 4/30/16

**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: OCEAN BAY COMMUNITY DEVELOPMENT CORPORATION  
 Address: 434 BEACH 54<sup>TH</sup> STREET  
 City, State, Zip Code: ARVERNE, NY 11692  
 Telephone No.:  
 Region/Location of Work: 443 BEACH 54<sup>TH</sup> STREET

Federal Identification No.: 84-1622031  
 Solicitation No.:  
 Project No.: MS01350  
 MWBE Goals in the Contract: MBE 20% WBE 10%  
 30% 0

SND

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. Liberty Office Supplies and Equipment Inc. 111-03 101 Avenue, Jamaica, NY 11419 debrasukha@aol.com 718 805-8900	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	075854914	See Attached Office Supplies and Equipment	\$3,000.00 2/20/15 - 04/30/15 Supplies and equipment
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 (MWBE 104).

PREPARED BY (Signature): ELIZABETH MCGOWAN  
 DATE: 2/19/15

*Elizabeth McGowan*

**NAME AND TITLE OF PREPARER (Print or Type):** BOOKKEEPER  
 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.: 718 945-8640 EXT 212	EMAIL: OBCDC17@GMAIL.COM	ADDRESS:
FOR MWBE USE ONLY		
REVIEWED BY: <i>Jophn [Signature]</i>	DATE: 2/19/15	
UTILIZATION PLAN APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	
Contract No.:	Project No. (if applicable):	

Please submit to:  
 NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251

MWBE 103 (Revised 9/12)

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: \_\_\_\_\_