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: NY STATEWIDE SENIOR ACTION COUNCIL, INC
Address: 275 STATE STREET
City, State, Zip Code: ALBANY, NY 12210
Telephone No.: 518-436-1006
Region/Location of Work: STATEWIDE, (ALBANY)

Federal Identification No.: 222233947
Solicitation No.:
Project No.: TD14017
MWBE Goals in the Contract: MBE % WBE %

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. TOM NEE TNEE@PROFTECH.COM PROFTECH OFFICE PRODUCTS 200 CLEARBROOK ROAD ELMSFORD, NY 10523 800-937-8354 EXT 155	NYS ESD CERTIFIED ☑ MBE ☐ WBE	13-3978457	SUPPLIES	~~$100.00~~ 200.00 per MA 12/29/14
B.	NYS ESD CERTIFIED ☐ MBE ☐ 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):
DATE: 12/22/2014

NAME AND TITLE OF PREPARER (Print or Type): MARIA ALVAREZ, EXEC. DIR

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.: 917-518-4050 **EMAIL ADDRESS:** maconsult@aol.com

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:
Amount Obligated Under the Contract:
Description of Work:
NOTICE OF DEFICIENCY ISSUED: ☐ YES ☐ NO Date:_____

NOTICE OF ACCEPTANCE ISSUED: ☐ YES ☐ NO Date:_____

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

MWBE 103 (Revised 9/12)