

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: New York StateWide Senior Action Council
 Address: 275 State Street
 City, State, Zip Code: Albany, NY 12210
 Telephone No.:
 Region/Location of Work: NYS

Federal Identification No.: 22-2233947
 Solicitation No.: T015003
 Project No.:
 MWBE Goals in the Contract: MBE 30% WBE ~~30%~~ 0

41115-313116

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. Profitech LLC	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	13-3978457	Office and Maintenance Supplies	\$300 \$301.00
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): 
 DATE: November 3, 2015
 NAME AND TITLE OF PREPARER (Print or Type): Maria Alvarez / Executive Director
 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.: 917-518-4050	EMAIL ADDRESS: maconsult@aol.com
REVIEWED BY: 	DATE: 11/15/15
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____