

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. Utilization of certified minority and woman owned business enterprises for non-commercially useful functions may not be counted toward utilization of certified minority and woman owned business enterprises identified in this utilization plan.

Offeror's Name: Meals on Wheels Programs & Services of Rockland, Inc.
Address: 121 West Nyack Road
City, State, Zip Code: Nanuet, NY 10954
Telephone No.: (845) 624-6325
Region/Location of Work: Mid-Hudson Region

Federal Identification No.: 13-2831197
Solicitation No.:
Project No.: T016005
MWBE Goals in the Contract: MBE % WBE 30%

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/Suppliers/Services and intended performance dates of each component of the contract.
A. Culinary Depot, 2 Melnick Drive, Monsey, NY 10952, customerservice@culinarydepot.biz , (888) 845-8200	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	20-1125349	Quotes attached.	\$24,169.00
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: 8/4/2016

NAME AND TITLE OF PREPARER (Print or Type): Stephen M. Pappas
 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.:(845) 624-6325
EMAIL ADDRESS: spapas@mowrockland.org

FOR MWBE USE ONLY
REVIEWED BY:  **DATE:** 8/3/16

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:** _____