

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

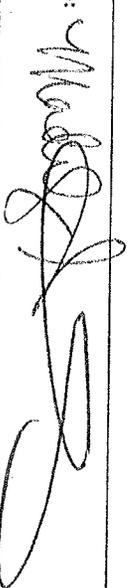
INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and 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
Address: 121 West Nyack Road
City, State, Zip Code: Nanuet, NY 10954
Telephone No.: (845) 624-6325
Region/Location of Work: Rockland County

Federal Identification No.: 13-2831197
Solicitation No.: T150005
Project No.:
MWBE Goals in the Contract: MBE 30 % 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.
<p>A. Sam's Technical Services 444 East 5th Street Mount Vernon, NY 10553 sh@samstechnicalservices.com 914/667-9234</p>	<p>NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE</p>	<p>26-01122/82</p>	<p>To remove three existing condensing units and install three new condensing units for two walk-in refrigerators and one walk-in freezer.</p>	<p>\$25,000</p>
<p>B.</p>	<p>NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE</p>			

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: 10/8/15

NAME AND TITLE OF PREPARER (Print or Type): Madelyn Schiering
 Grants & Donor Communications Manager
 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.

FOR MWBE USE ONLY

TELEPHONE NO.: (845) 624-6325 EMAIL ADDRESS: mschiering@movrockland.org

REVIEWED BY:  DATE: 10/15/15

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

Contract Award Date: _____
 Estimated Date of Completion: _____
 Amount Obligated Under the Contract: _____

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)

11/1/15 - 10/31/16