

**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: **Rockdale Village Social Services, Inc.** Federal Identification No.: **11-3397470**  
 Address: **169-65 137th Ave**  
 City, State, Zip Code: **Jamaica NY 11434**  
 Telephone No.: **718-949-3499**  
 Region/Location of Work: **QUEENS, N.Y.**  
 Solicitation No.:  
 Project No.: **TM050178**  
 MWBE Goals in the Contract: **MBE 30% WBE 0%**

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. <b>APR Tech Serv</b> <b>Murray O'Berry</b> <b>1032 Hor Ave #2B</b> <b>Brook NY 11459</b> <b>MO1409@mac.com</b> <b>917-687-6510</b>	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	<b>062-46-9040</b>	<b>Tech Instructor</b> <b>Instruct participants</b> <b>in various levels of</b> <b>computer technology</b>	<b>9/1/15 - 3/31/16</b> <b>\$ 20,930.00</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): **Shirley Austin**  
 DATE: **11/6/15**

**NAME AND TITLE OF PREPARER (Print or Type):**  
 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.: <b>718-949-3499</b> FOR MWBE USE ONLY REVIEWED BY: <b>[Signature]</b> DATE: <b>11/29/15</b>	EMAIL ADDRESS: <b>S.AUSTIN@TNORC.ORG</b> DATE: <b>11/29/15</b>
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: _____	UTILIZATION PLAN APPROVED: <input 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)

S.AUSTIN@TNORC.ORG