

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

TM14089

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within * 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: Reach Out and Read of Greater New York
 Address: 30 East 33rd Street, 6th Fl.
 City, State, Zip Code: New York, NY 10016
 Telephone No.: (646) 237-0103
 Regional location of Work: New York City

Federal Identification No.: 13-4080045
 Solicitation No.:
 Project No.: 1
 MWBE Goals in the Contract: MBE 0% WBE 20%

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 Subcontract/Supplies/Services and Intended performance dates of each component of the contract.
A. Star Bright Books, 13 Lansdowne Street, Cambridge, MA 02139	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	13-4050470	Children's book distributor	\$1,210, worth of books will purchased during FY 2015 (7/1/14-6/30/15)
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): *Monique Hardin-Cordera*
 DATE: 4/7/2015

NAME AND TITLE OF PREPARER (Print or Type): Monique Hardin-Cordera, Program 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, 3 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.:(646) 237-0103
 EMAIL ADDRESS: moniquehc@reachoutandreadnyc.org

REVIEWED BY: *[Signature]* DATE: 6/14/15
 FOR MWBE USE ONLY
 UTILIZATION PLAN APPROVED: YES NO Date: _____
 Contract No.: _____ Project No. (if applicable): _____

Please submit to:
 NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1261
 MWBE 103 (Revised 9/12)

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: _____

4/11/14 - 6/30/15

For 14089