

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: University Settlement Society of New York, Inc.
 Address: 184 Eldridge Street
 City, State, Zip Code: New York, NY 10001
 Telephone No.:
 Region/Location of Work: Lower East Side, Manhattan

Federal Identification No.: 13-5562374
 Solicitation No.:
 Project No.:
 MWBE Goals in the Contract: MBE 15% WBE 15%

INS0246
 7/11/14-6/30/15

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. OFFICE PROS 193 AUTUMN AVENUE STE 2R BROOKLYN, NY 11208	NYS ESD CERTIFIED <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	05-9923099	DINNING ROOM TABLES, COPY PAPER AND OFFICE CHAIR	\$2,221.00 \$ 2722.00
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): Ima Gonzalez
 DATE: 3/25/2015

NAME AND TITLE OF PREPARER (Print or Type): Ima Gonzalez / Chief Financial Officer

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 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.: _____ EMAIL ADDRESS: _____

FOR MWBE USE ONLY

REVIEWED BY: John R. Scott DATE: 6/4/15

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

Contract Award Date: _____
 Estimated Date of Completion: _____
 Amount Obligated Under the Contract: _____
 Description of Work: _____
 NOTICE OF DEFICIENCY ISSUED: YES NO Date: _____
 NOTICE OF ACCEPTANCE ISSUED: YES NO Date: _____