

Completed

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

MSC0946
7/11/14-6/13/15

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.: 13-5582374
Solicitation No.:
Project No.:
MWBE Goals in the Contract: MBE 15% WBE 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	\$2,721.00 <i>1360.50</i> <i>1360.50</i>
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): *Irma Gonzalez*
DATE: 3/25/2015

TELEPHONE NO.: (212) 453-0229 X 3358
EMAIL ADDRESS:

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

REVIEWED BY: *[Signature]* DATE: *6/11/15*
FOR MWBE USE ONLY

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.

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 12223-1251

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: _____

MWBE 103 (Revised 9/12)