



**MWBE UTILIZATION PLAN**

Contract No.: C003603

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. 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. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization.

Contractor's Name, Address and Telephone No. Services and Advocacy for GLBT Elders (SAGE) 305 Seventh Avenue 15 <sup>th</sup> Floor New York, NY 10001 Tel: 212-741-2247	Federal Identification No. 13-2947657	Contract Description Location (Region) New York State	MWBE Goals In Contract MBE 15 % WBE 15%
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Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
JMFW Printing, Inc. 630 Flushing Avenue, Suite 855 Brooklyn, NY 11206. Phone: 646-659-4580/646-675-1170		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flyers, brochures, and other materials	\$1373.70
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

**IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC 333)**

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature) <i>Glen Y. Monegro</i>	Email Address gmonegro@sageusa.org
Name and Title of Preparer (Print or Type) Glen Y. Monegro - Comptroller	Telephone No. 212-741-2247 ext. 246 Date 10/7/15

**FOR MWBE USE ONLY**

Reviewed By <i>[Signature]</i>	Date 10/9/15			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 10/13/15			
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Comments: This is a DVA Grant.		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 10/13/15			