M/WBE COVER LETTER Minority & Woman-Owned Business Enterprise Requirements

NAME OF GRANT PROGRAM: 2023-24 Smart Start Program Project #0568-24-0118

NAME OF APPLICANT/BIDDER: Yonkers City School District

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-144, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this projec for the provision of services and materials, the bidder is required to comply with NYSED's participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission.

$\overline{\square}$	Full Participation — No Request for Waiver (PREFERRED)			
	Partial Participation – Partial Request for Waiver			
	No Participation – Request for Complete Waiver			
By my	y signature on this Cover Letter, I certify that I am authorized to bind the Bidder's firm contractually.			
Dr. E	dwin Quezada			
Typed or Printed Name of Authorized Representative of the Firm				
Superintendent of Schools				
Typed or Printed Title/Position of Authorized Representative of the Firm				
Signa	1 3 10 3			

2023-2024 M/WBE UTILIZATION PLAN

INSTRUCTIONS: All bidders submitting responses to this procurement must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal.	The plan must contain				
detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder.					

Address One Larkin Center	Federal ID No.:	136007340	
City, State, Zip Yonkers, New York 10701	RFP No.:	Project #0568-24-0118	
Certified M/WBE	Classification (check all applicable) NYS ESD Certified	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME: Corporate Computer Solutions, Inc. ADDRESS: 55 Halstead Avenue CITY, ST, ZIP: Harrison, NY 10528 PHONE/E-MAIL: 914-835-1105 Ext. 101 amartino@corporatecomputersol.com	MBEX WBE For Profit Not –For-Profit	Corporate Computer Solutions sells many IT products such as HP, Cisco, IBM, Brocado and Lenovo	\$21,450
NAME: Interactive Health, LLC ADDRESS: 162 Lake Drive CITY, ST, ZIP: Mountain Lakes, NJ 07046 PHONE: (972) 588-7682 E-mail: Roberts@interactivehlth.com FEDERAL ID No. 223691525	NYS ESD Certified MBE WBEX □ For Profit □ Not –For-Profit	Interactive Health, LLC will conduct an evaluation and assess the project's progress towards achieving its stated objectives. Both quantitative and qualitative process evaluation data will be collected and used to determine program fidelity, the extent to which various components are implemented; to identify aspects of programs most and least likely to be implemented as planned.	\$17,700

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

DE 451450 014

NAME AND TITLE OF PREPARER: Dr. Edwin Quezada, Superintendent of Schools

TELEPHONE/E-MAIL

PREPARED BY (Signature)

. (914) 376-8086 equezada@yonkerspublicschools.org

DATE

3/10/23

MWBE 100

KENIEMED BY	DATE
UTILIZATION PLAN APPROVED YES/NO	DATE
NOTICE OF DEFICIENCY ISSUED YES/NO	DATE
NOTICE OF ACCEPTANCE ISSUED YES/NO	DATE

MWBE SUBCONTRACTORS AND SUPPLIERS

2023-2024 NOTICE OF INTENT TO PARTICIPATE

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Contractor unless requesting a total waiver. Parts B & C of this form must be completed						
by MBE and/or WBE subcontractors/suppliers. The bidder/contractor must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of						
the proposal.						
Bidder Name: Yonkers City School District	Federal ID No.:13-6007340					
Address: One Larkin Center	Phone No.: (914) 376-8100					
City: Yonkers State: New York Zip Code: 10701	E-mail: equezada@yonkerspublicschools.org Dr. Edwin Quezada, Superintendent of Schools					
Simply of A.d. in all December 1 District Firm						
Signature of Authorized Representative of Bidder's Firm Date:	Print or Type Name and Title of Authorized Representative of Bidder's Firm					
PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONI	NECTION WITH THE ABOVE PROCUREMENT:					
NAME: Corporate Computer Solutions, Inc.						
ADDRESS: 55 Halstead Avenue						
CITY, ST, ZIP: Harrison, NY 10528						
PHONE/E-MAIL: 914-835-1105 Ext. 101						
amartino@corporatecomputersol.com						
BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:						
Corporate Computer Solutions sells many IT products such as HP, Cisco, IBM, Brocado	and Lenovo					
DESIGNATION:MBE SubcontractorWBE SubcontractorMBE Sup	plier _XWBE Supplier					
PART C - CERTIFICATION STATUS (CHECK ONE):						
X The undersigned is a certified M/WBE by the New York State Division of Mir						
The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification. THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER CONDITIONED UPON THE BIDDER'S EXECUTION OF A CONTRACT WITH THE NEW YORK STATE EDUCATION DEPARTMENT.						
	Pet Brennestre					
The estimated dollar amount of the agreement \$21,450	Signature of Authorized Representative of M/WBE Firm					
Data	Pat Buonincontri					
M/WBE 102	Printed or Typed Name and Title of Authorized Representative					