

**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS:** All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. 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/applicant.

Bidder/Applicant's Name: Yonkers City School District Telephone/Email: 914-376-8086  
 Address: One Larkin Center Federal ID No.: 136007340  
 City, State, Zip: Yonkers, NY 10701 RFP No.: WIOA Title II

Certified M/WBE	Classification (check all applicable)	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 914-998-8568 / amartino@corporatecomputersol.com FEDERAL ID No. 13-3352744	NYS ESD Certified MBE _____ WBE X	Computers and related supplies	\$ 1,702
NAME _____ ADDRESS _____ CITY, ST, ZIP _____ PHONE/E-MAIL _____ FEDERAL ID No. _____	NYS ESD Certified MBE _____ WBE _____		\$ _____

PREPARED BY (Signature) Sanah Naber DATE 6-13-2023

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'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/APPLICATION DISQUALIFICATION.**

NAME AND TITLE OF PREPARER: Sanah Naber, Principal, CTE / Adult Education  
 (print or type)  
 TELEPHONE/E-MAIL: 914-376-8600 / snaber1@yonkerspublicschools.org  
 DATE: 6-13-2023

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

**M/WBE SUBCONTRACTORS AND SUPPLIERS  
NOTICE OF INTENT TO PARTICIPATE**

**INSTRUCTIONS:** Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application.

Bidder/Applicant Name: Yonkers City School District

Federal ID No.: 136007340

Address: One Larkin Center

Phone No.: 914-376-8086

City Yonkers State NY Zip Code 10701

E-mail: equezada@yonkerspublicschools.org

Signature of Authorized Representative of Bidder/Applicant's Firm

Dr. Edwin M. Qwezada, Superintendent of Schools  
Print or Type Name and Title of Authorized Representative of Bidder/Applicant's

Date:

6.15.23

**PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:**

Name of M/WBE: Corporate Computer Solutions, Inc.

Federal ID No.: 13-3352744

Address: 55 Halstead Avenue

Phone No.: 914-998-8568

City, State, Zip Code Harrison, NY 10528

E-mail: amartino@corporatecomputersol.com

**BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:**

Computers and related supplies

**DESIGNATION:** MBE Subcontractor

WBE Subcontractor

MBE Supplier

X WBE Supplier

**PART C - CERTIFICATION STATUS (CHECK ONE):**

X

The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).

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/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.**

The estimated dollar amount of the agreement \$ 1,702

6/10/23

Signature of Authorized Representative of M/WBE Firm

*Edwin M. Qwezada*

Date

Printed or Typed Name and Title of Authorized Representative

**EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)**

Applicant Name: Yonkers City School District Telephone: 914-376-8000  
 Address: One Larkin Center Federal ID No.: 136007340  
 City, State, ZIP: Yonkers, NY 10701 Project No: RFP #GC18-016

Report includes:  
 Work force to be utilized on this contract OR  
 Applicant's total work force

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO - Job Categories	Hispanic or Latino		Race/Ethnicity - report employees in only one category																
	Total Work Force		Male					Not-Hispanic or Latino					Female						
	Male	Female	White	African-American or Black	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	White	African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	
Executive/Senior Level Officials and Managers	2	1	3							1									
First/Mid-Level Officials and Managers	4	1	2							1									
Professionals	8	2	2							2	1		1						
Technicians	1										1								
Sales Workers																			
Administrative Support Workers	3	3																	
Craft Workers																			
Operatives																			
Laborers and Helpers	6	6																	
Service Workers	5	2	1	2															
<b>TOTAL</b>	<b>34</b>	<b>4</b>	<b>13</b>	<b>8</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>

PREPARED BY (Signature): *Sanah Nabel* DATE: 6-13-2023  
 NAME AND TITLE OF PREPARER: Sanah Nabel, Principal CTE / Adult Education TELEPHONE/EMAIL: 914-376-8600 / snaber1@yonkerspublicschools.org  
 (Print or type)