

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN

<u>CONTRACTOR</u> Intivity		<u>CONTRACT</u>	
NAME:		PROJECT NAME:	Improving Older Adults' Health, Safety and Economic Recovery Through Community-based Aging Services and Healthcare Integration
ADDRESS:	106 Despatch Drive	CONTRACT DESCRIPTION:	Office Supply.
	Rochester, NY 14445		
CONTACT PERSON:	Fabricio Morales		
PHONE:	585-238-2880		

PROJECTED MBE/WBE CONTRACT SUMMARY

MINORITY BUSINESS ENTERPRISE

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT:	\$ 10,264
CONTRACT MBE PERCENTAGE GOAL:	<u>14</u> %
MBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT:	\$ <u>1,480</u>
TOTAL MBE DOLLAR AMOUNT PROJECTED:	\$ _____
MBE DOLLAR AMOUNT UNABLE TO MEET:	\$ _____

WOMEN BUSINESS ENTERPRISE

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT:	\$ _____
CONTRACT WBE PERCENTAGE GOAL:	_____ %
WBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT:	\$ _____
TOTAL WBE DOLLAR AMOUNT PROJECTED:	\$ _____
WBE DOLLAR AMOUNT UNABLE TO MEET:	\$ _____

Contractor Utilization Plan Checklist

Utilization Plan: Please be specific and provide detail of the work being performed by M/WBEs

Letters of Intent: Signed form must be submitted for each M/WBE scheduled to participate.

DEI/MWBE USE ONLY

Plan Approved: _____ Plan Disapproved: _____

By: _____
M/WBE Requirements

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)

SECTION I-MBE PARTICIPATION

MBE FIRM Intivity		DESCRIPTION OF WORK	CONTRACT INFORMATION	
NAME:		Office supply. 14% of the total expenses will be allocated to the proposed project.	CONTRACT AMOUNT:	
ADDRESS:	106 Despatch Drive		DATE OF CONTRACT:	
	Rochester, NY 14445		SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:	Fabricio Morales		COMPLETION DATE:	
PHONE:	585-238-2880			
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)

SECTION II-WBE PARTICIPATION

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION	
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				

MINORITY AND WOMEN'S BUSINESS ENTERPRISE
LETTER OF INTENT

PROJECT: Improving Older Adults' Health, Safety and Economic Recovery Through Community-based Aging Services and Healthcare Integration

TO: Intivity
(Name of Bidder)

The undersigned intends to perform work in connection with the above project as (Check one choice on each side):

Minority Woman

The undersigned M/WBE is prepared to perform the following described work in connection with the above project:

Office Supply

at the following price: \$1,480 (a percentage of the total cost)

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

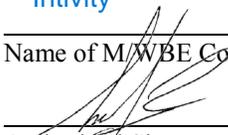
Projected Start Date: January 1, 2023

Completion Date: December 31, 2026

With respect to the proposed subcontract described above, 0 % of the dollar value of such subcontract will be sublet and/or awarded to non-M/WBE contractors or non-M/WBE suppliers. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the County of Monroe.

7/21/2022
Date

Intivity
Name of M/WBE Contractor


Authorized Signature