



MWBE UTILIZATION PLAN

Contract No.: C003383

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.

Contractor's Name, Address and Telephone No. AssetWorks, Inc., 5000 Plaza on the Lake, Suite 315, Austin, TX 78746 512-347-7400 Federal Identification No. 46-0521049	Contract Description Location (Region) New York State Board of Elections Agreement for Asset Management System 40 N. Pearl St., Ste 5, Albany, NY 12207	MWBE Goals In Contract MBE 5% WBE 5%
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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		
Purple Genie, Inc. 415 Madison Avenue, 15 th Floor, New York, NY 10017 646-673-8500, elise@purplegenie.com	20-8564619	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Providing Scanning Hardware and Warranties	\$131,183.51
		<input type="checkbox"/>	<input type="checkbox"/>		

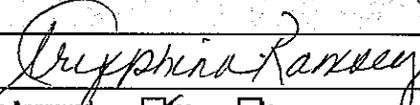
IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form MWBE 101/BDC 333)

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) 	Email Address Sean.Pugatch@assetworks.com
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Name and Title of Preparer (Print or Type) Sean Pugatch, Regional Sales Director	Telephone No. 512-347-7400	Date 1/9/2013
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FOR MWBE USE ONLY

Reviewed By 	Date 1/25/13
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Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 1/25/13
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Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	