



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: RFP 20191

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. Datamaxx Applied Technologies, Inc. 2001 Drayton Drive Tallahassee, Florida 32311 Federal Identification No. 59-3081678	Contract Description Location (Region) NYS Procurement 20191 (All Regions)	MWBE Goals in Contract MBE <u>0</u> % WBE <u>0</u> %
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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		
Datamaxx Applied Technologies, Inc. 2001 Drayton Drive Tallahassee, Florida 32311 (850) 558-8000 bid@datamaxx.com	59-3081678	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Self performing prime</i>	<i>80%</i>
MFR Consultants, Inc 128 Chestnut Street Philadelphia, PA 19106		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Provide Services related to onsite activity which includes installation or training</i>	<i>20%</i>
		<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 M/WBE 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>Leah O'Connor</i>	Email Address Leah.OConnor@datamaxx.com
Name and Title of Preparer (Print or Type) Leah O'Connor, Contracts Administrator	Telephone No. (850) 558-8007
	Date October 9, 2015

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date <i>2/24/16</i>			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>3/14/16</i>			
Contract No.	Project No. (if applicable) <i>RFP 20191</i>	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Description of Work		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>3/16/16</i>			