



**Office of
General Services**

**Office of Minority and Women-Owned
Businesses & Community Relations**

Commodities and Services

Submit Completed Plan To

Office of Minority and Women-Owned
Businesses & Community Relations
29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-486-9285

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #PT65960

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Minority and Women-owned Business Enterprise (MWBE) under the contract. By submission of this Plan, the Bidder/Contractor commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		MWBE Goals In Contract	
Bidder/Contractor Name: <i>Lexmark International, Inc.</i>	NYS Vendor ID: <i>1000005372</i>	MBE	15%
Bidder/Contractor Address (Street, City, State and Zip Code): <i>740 West New Circle Road, Lexington, KY 40550</i>		WBE	15%
Bidder/Contractor Telephone Number: <i>512/878-3429</i>		Contract Work Location/Region: <i>Statewide</i>	
Contract Description/Title: <i>Office Equipment</i>			

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>[Signature]</i>	Name and Title of Preparer: <i>Mary Beth Carter, Public Sector Contract Specialist</i>	Telephone Number: <i>859/232-2116</i>	Date: <i>1/14/2016</i>
Email Address: <i>carterm@lexmark.com</i>			

IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)

MWBE Subcontractor/Supplier Name: <i>Garc Inc.</i>	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified please select one only)		
Please identify the person you contacted: <i>Patrick O'Keefe</i>	Federal Identification No.:	Telephone No.:	
<i>26 Broadway, Suite 2310</i>	<i>06-1591198</i>	<i>648/487-0103</i>	
Address: <i>26 Broadway, Suite 2310</i>			
Email Address: <i>patrick@garclnc.com</i>			
Detailed Description of work to be provided by subcontractor/supplier: <i>Sales of Lexmark products and services</i>			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or <u>11</u> %			

MWBE Subcontractor/Supplier Name: <i>Stellar Services, Inc.</i>	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (if firm is dual certified please select one only)		
Please identify the person you contacted: <i>Han Lim</i>	Federal Identification No.:	Telephone No.:	
<i>70 West 30th Street, Suite 702, New York, NY 10018</i>	<i>11-3189413</i>	<i>212/432-2848</i>	
Address: <i>70 West 30th Street, Suite 702, New York, NY 10018</i>			
Email Address: <i>hlim@stellarservices.com</i>			
Detailed Description of work to be provided by subcontractor/supplier: <i>Sales of Lexmark products and services</i>			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or <u>4</u> %			

FOR OGS MWBE USE ONLY			
OGS MWBE Authorized Signature: <i>[Signature]</i>	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): <i>Anuola Surejick</i>	MBE %/\$ <u>15⁰⁰</u>	WBE %/\$ <u>15⁰⁰</u>	Date:
Comments:			
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/ VendorSearchPublic.asp?TN=ny&XID=2528			
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.			

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ADDITIONAL SHEET

Bidder/Contractor Name: <i>Lexmark International, Inc.</i>	Contract/Solicitation # <i>PT65960</i>
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MWBE Subcontractor/Supplier Name: <i>Corporate Computer Solutions, Inc.</i>	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: <i>Ann Martino</i>	Federal Identification No.: <i>13-3352744</i>	Telephone No.: <i>914/835-1105</i>
Address: <i>55 Halstead Avenue, Harrison, NY 10528</i>	Email Address: <i>amartino@corporatecomputersof.com</i>	
Detailed Description of work to be provided by subcontractor/supplier: <i>Sales of Lexmark products and services</i>		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or <u>8</u> %		

MWBE Subcontractor/Supplier Name: <i>Photikon Corporation</i>	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: <i>Mary Condon</i>	Federal Identification No.: <i>16-1341115</i>	Telephone No.: <i>585/421-0540</i>
Address: <i>100 Photikon Drive, Fairpoint, NY 14450</i>	Email Address: <i>mjcondon@photikon.com</i>	
Detailed Description of work to be provided by subcontractor/supplier: <i>Sales of Lexmark products and services</i>		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or <u>5</u> %		

MWBE Subcontractor/Supplier Name: <i>Affinity Enterprises</i>	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: <i>Peg Hylant</i>	Federal Identification No.: <i>11-3738361</i>	Telephone No.: <i>518/693-6344</i>
Address: <i>2 Governor Lane, Suite 203, Saratoga Springs, NY 12866</i>	Email Address: <i>phylant@affinityenterprises.net</i>	
Detailed Description of work to be provided by subcontractor/supplier: <i>Sales of Lexmark products and services</i>		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or <u>3</u> %		

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %		

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %		

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