



MWBE UTILIZATION PLAN

Contract No.: \_\_\_\_\_

**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. Staples Contract & Commercial Inc., dba Staples Advantage 21A Railroad Avenue Albany NY 12205 1-877-482-8026 Federal Identification No. 04-3390816		Contract Description Location (Region) IFB # 22438 Misc. Office Supplies - NY State		MWBE Goals in Contract MBE <input checked="" type="checkbox"/> 5% % WBE <input checked="" type="checkbox"/> 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		
Proftech LLC 200 Clearbrook Rd Elmsford NY 10523 800-937-8354 jmenticle@proftech.com	13-3978457	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ordering web page, billing services, accounts receivable customer support	\$3,300,000 3 years from Contract Award
Roxbury Technology Corp 75 Sprague St. Hyde Park MA 0236 (617) 524-1020 beth.williams@roxburytechnology.com	04-3242043	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide re-manufactured toner products	see Attached Waiver
Smead Manufacturing Co Inc. 600 Smead Blvd Hastings MN (888) 737-6323 55033	41-0543420	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide folders + filing Products	see Attached Waiver

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. 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>Joseph G. Dooly</i>	Email Address	INITIALS JGD/31/12 DATE
Name and Title of Preparer (Print or Type) <i>Joseph G. Dooly, President North America Delivery</i>	Telephone No.	
		Date <i>11-12-12</i>

Reviewed By <i>Christopher A. Rapone</i>	Date <i>11/19/12</i>
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>11/19/12</i>

*Waiver Request Denied*