



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: PN20500

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. NYSTEC 500 Avery Lane, Suite A Rome, NY 13441 (POC - Jana S. Behe cell 315.717.7202 Direct 518.431.7031) Federal Identification No. 16-1521105	Contract Description Location (Region) Technology Consulting PN20500	MWBE Goals in Contract MBE <u>15</u> % WBE <u>15</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		
SVAM International 233 East Shore Road, Suite 201 Great Neck, NY 11023 Joe Marchese joe@svam.com Anil Kapoor anil@svam.com		<input checked="" type="checkbox"/>	<input type="checkbox"/>	To be determined based upon the scope and needs of the project(s)	To be determined based upon the scope of effort
Documentation Strategies 15 Second Avenue Rensselaer, NY 12144 Tami Cole tamicole@docstrats.com		<input type="checkbox"/>	<input checked="" type="checkbox"/>	To be determined based upon the scope and needs of the project(s)	To be determined based upon the scope of effort
Genesys Consulting Services 2 Computer Drive West Suite 201 Albany, NY 12205 Leo Pfohl leo@genesysonline.com		<input type="checkbox"/>	<input checked="" type="checkbox"/>	To be determined based upon the scope and needs of the project(s)	To be determined based upon the scope of effort
Total Quality Associates 20 Corporate Woods Blvd Albany, NY 12211 Pat Schaffer - pschaffer@tquala.com		<input type="checkbox"/>	<input checked="" type="checkbox"/>	To be determined based upon the scope and needs of the project(s)	To be determined based upon the scope of effort

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 behe@nystec.com
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Name and Title of Preparer (Print or Type) Jana S. Behe Director of Contracts & General Counsel	Telephone No. 518.431.7031 or cell 315.717.7202	Date revised submission dated 9/14/2015
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FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>				Date	9/14/15
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Date	9/15/15
Contract No.	Project No. (If applicable)	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				
				MWBE 100 (5/12)	

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