



**MWBE UTILIZATION PLAN**

Contract No.: PS65207

**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. 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.

Contractor's Name, Address and Telephone No. <b>The Remi Group, LLC</b> 11325 N. Community House Rd, Ste. 300 Charlotte, NC 28277	Federal Identification No. <b>55-0808152</b>	Contract-Description Location (Region) <b>State of New York</b>	MWBE Goals In Contract  <b>MBE 5 %</b> <b>WBE 5%</b>
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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		
Repeat Business Systems d/b/a Central Business Equipment 4 Fritz Blvd Albany, NY 12205 Contact: Amy Taft Phone: 518-869-8116 Email: ataft@rbsalbany.com	14-1718228	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The Remi Group has worked with Repeat Business Systems since 2008 for outsourced equipment diagnosis and repair of Ricoh, Konica Minolta, Sharp and Kyocera copy machines in the Albany area. Our business relationship has grown by 817% since our initial work in 2008, and we expect to continue to utilize Repeat Business Systems in the same capacity.	To Be Determined (TBD) based on customer need/demand.
Ebony Office Products, Inc 10-17 44 <sup>th</sup> Ave Long Island City, NY 11101 Contact: Michael Ukhoeduan Phone: 718-706-8200 Email:michael@ebonyproducts.com	11-2603317	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Remi Group has worked with Ebony Office Products since our expansion of M/WBE utilization in 2009. As copier toners are required, REMI is placing supply orders with Ebony Office Products for direct shipment to the New York Agency end users.	To Be Determined (TBD) based on customer need/demand.
Linstar INC 430 Lawrence Bell Drive Buffalo, NY 14221-7085 Contact: Ms. Mary Jo Cornell Phone: 716-631-9200 Ext. 17 Email: mjcornell@linstar.com	16-1559780	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The Remi Group has worked with Linstar from 2005 to 2015 for equipment diagnosis and repair of Datacard embossing systems. Our business relationship has remained steady since our initial work in 2005, and we expect to increase their use.	To Be Determined (TBD) based on customer need/demand.

**IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form 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>Michael J. Van Derveer</i>	Email Address <b>mvanderveer@theremigroup.com</b>
Name and Title of Preparer (Print or Type) <b>Michael J. Van Derveer, Director of Strategic Accounts</b>	Telephone No. <b>704-602-0878</b> Date <b>5/1/2015</b>

**FOR MWBE USE ONLY**



Reviewed By <i>[Signature]</i>				Date	5/1/15
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Date	
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated	
Notice of Deficiency Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date	Comments:			
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date				
	4/29/15				
	5/1/15				