



**MWBE UTILIZATION PLAN**

Contract No.: 22439

**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. 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. <u>TEMP POSITIONS, INC. DBA CORP FORCE</u> <u>420 LEWISTON AVE, NJ, NJ 07170</u> <u>212-916-0807</u>	Contract Description Location (Region) <u>NEW YORK STATE</u>	MWBE Goals In Contract MBE <u>11</u> % WBE <u>9</u> %
Federal Identification No. <u>13-1963314</u>		

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		
<u>M-SQUARE SYSTEMS, INC.</u> <u>31 JOURNAL SQUARE, STE. 415</u> <u>ELIZABETH, NJ 07206</u> <u>201-270-6128; MTHU.NJ@MSQUARESYSTEMS.COM</u>	<u>37-1514746</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Hours IT Consulting</u> <u>SERVICES</u>	<u>UNKNOWN AT THIS</u> <u>TIME</u>
<u>ABATOR INFORMATION SERVICES, INC.</u> <u>P.O. Box 82579</u> <u>PITTSBURGH, PA 15218</u> <u>412-271-5922; JANNIE@ABATOR.COM</u>	<u>25-1466926</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Hours IT Consulting</u> <u>SERVICES</u>	<u>UNKNOWN AT THIS</u> <u>TIME</u>
		<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 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 <u>DEACON@TEMPPOSITIONS.COM</u>
Name and Title of Preparer (Print or Type) <u>DAVID DEACON, VICE PRESIDENT</u>	Telephone No. <u>212-916-0807</u> Date <u>01/19/12</u>

**FOR MWBE USE ONLY**

Reviewed By	Date			
Utilization Plan Approved <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work		
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			



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Contractor's Name, Address and Telephone No. <b>TEMPPOSITIONS, Inc. DBA COMPUTORCE</b> 420 LEWISTON AVE., NJ, NJ 10170 212-916-0807		Contract Description Location (Region) <b>NEW YORK STATE</b>	MWBE Goals In Contract MBE <u>11</u> % WBE <u>9</u> %
Federal Identification No. <b>13-1963314</b>			

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		
<b>CNC CONSULTING</b> 50 EAST PALMWAY AVE., STE. 422 ENGLEWOOD, NJ 07631 29-541-9130; NCHARLEY@CNCCONSULT.COM	22-3400677	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>HOURLY IT CONSULTING SERVICES</b>	<b>UNKNOWN AT THIS TIME</b>
<b>IIT CONSULTANTS, INC.</b> 6 COMST CT, STE 101 HUNTSWOOD STATION, NJ 11746 631-254-8600. DB@IIT-INC.COM	11-3243959	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>HOURLY IT CONSULTING SERVICES</b>	<b>UNKNOWN AT THIS TIME</b>
<b>FINJOT SOLUTIONS, INC.</b> 545 8TH AVE, STE 405 NEW YORK, NY 10018 212-239-9191. PRAC@FINJOT.COM	13-3862191	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>HOURLY IT CONSULTING SERVICES</b>	<b>UNKNOWN AT THIS TIME</b>

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Prepared By (Signature)	Email Address <b>JDEACON@TEMPPOSITIONS.COM</b>
Name and Title of Preparer (Print or Type) <b>DAVID DEACON, VICE PRESIDENT</b>	Telephone No. <b>212-916-0807</b> Date <b>01/19/12</b>

**FOR MWBE USE ONLY**

Reviewed By	Date <b>1/30/12</b>
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <b>1/30/12</b>

Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	