



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>GCOM Software, Inc</u> <u>24 Madison Ave Ext</u> <u>Albany, NY 12203</u> <u>(518) 869-1671</u>	Contract Description Location (Region) <u>All Regions</u>	MWBE Goals In Contract MBE <u>11</u> % WBE <u>9</u> %
Federal Identification No. <u>220902922</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>GCOM Software Inc (518) 869-1671</u> <u>24 Madison Ave Ext</u> <u>Albany, NY 12203</u> <u>girish@gcomsoft.com</u>	<u>220902922</u> <i>ok</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Providing consultants</u> <u>as requested</u>	<u>Unknown at</u> <u>this time</u>
<u>MVP Consulting Plus Inc (518) 218-1700</u> <u>435 New Karner Rd</u> <u>Albany NY 12205</u> <u>ilap@mvpconsultingplus.com</u>	<u>020600234</u> <i>ok</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Providing consultants</u> <u>as requested</u>	<u>Unknown at</u> <u>this time</u>
<u>CMA Consulting Services (518) 783-9003</u> <u>700 Troy Schenck Rd</u> <u>Katham, NY 12110</u> <u>pehynaw@hpcma.com</u>	<u>222580799</u> <i>Not certified</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Providing consultants</u> <u>as requested</u>	<u>Unknown at</u> <u>this time</u>

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) <u>Holly Savarese</u>	Email Address <u>holly@gcomsoft.com</u>
Name and Title of Preparer (Print or Type) <u>Holly Savarese</u> <u>HR Manager</u>	Telephone No. <u>518-869-1671</u> x 227
	Date <u>1/16/12</u>

FOR MWBE USE ONLY

Reviewed By <u>Nan Holland</u>	Date <u>1/31/2012</u>
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
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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	