



# M/WBE UTILIZATION PLAN

M/WBE 100 (Revised 1/12)

**INSTRUCTIONS:** This form **MUST** be submitted with any bid, proposal, or proposed negotiated contract prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS-certified Minority and Women-owned Business Enterprise (M/WBE), including the offeror if a NYS-certified MWBE, and estimated (or actual if known) annual dollar value under the contract and reflect the MWBE participation goals specified in the contract or procurement document.

Will there be M/WBE participation for services provided under this contract?  **YES** Complete the form.  **NO** If No, please contact CIO/OFT at [MWBE@cio.ny.gov](mailto:MWBE@cio.ny.gov) for assistance.

Contract Overview			
Offeror/Contractor Name:	<u>MERCURY ASSOCIATES, INC.</u>	Telephone:	<u>301-519-0535</u>
Address:	<u>16051 COMPRINT CIRCLE</u>	Federal ID No:	<u>03-0399429</u>
City, State, Zip:	<u>GAITHERSBURG, MD 20877</u>	Solicitation No:	<u>RFP 1805</u>
		SFS Vendor ID:	<u>1100085555</u>
NYS Certified M/WBE Fill out box below for each NYS-Certified M/WBE Contractor or Subcontractor	Classification	Description of Scope of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
Name: <u>STEM Strategic Insights, Inc.</u>	<input type="checkbox"/> MBE	<input checked="" type="checkbox"/> DIRECT (Spending directly fulfilling contract obligations) Description: <u>process improvement, consolidation consulting</u>	ESTIMATED (TBD)
Address: <u>1305 Middle Country Road</u>	<input type="checkbox"/> WBE	<input type="checkbox"/> INDIRECT (Spending in support of company operations.)	\$ <u>50,000 - 200,000</u>
City, State, Zip: <u>Selden, NY 11784</u>	<input checked="" type="checkbox"/> DUAL	Description: <input type="checkbox"/> Copy of written agreement attached (Required for teaming)	5% - 20%
Telephone: <u>631-320-9863</u>	see attached NYS DMWBD certification letter		
Fed. ID. No: <u>42-2743567</u> SFS Vendor ID: <u>not applied for</u>			
Name: _____	<input type="checkbox"/> MBE	<input type="checkbox"/> DIRECT (Spending directly fulfilling contract obligations) Description: _____	\$ _____
Address: _____	<input type="checkbox"/> WBE	<input type="checkbox"/> INDIRECT (Spending in support of company operations.)	
City, State, Zip: _____	<input type="checkbox"/> DUAL	Description: <input type="checkbox"/> Copy of written agreement attached (Required for teaming)	
Telephone: _____			
Fed. ID. No: _____ SFS Vendor ID: _____			

**VENDOR CERTIFICATION:** I hereby affirm that the information supplied in this utilization plan is true and correct.

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.

Signature: *Paul T. Lauria* Date: 06/20/2013  
 Print Name: Paul T. Lauria Telephone No: 301-519-0535  
 Title: President Email: plauria@mercury-  
assoc.com

Submit copy via email: [mwbe@cio.ny.gov](mailto:mwbe@cio.ny.gov) or fax: (518) 474-6329. Originals need to be mailed to: NYS CIO/OFT, ESP, PO Box 2062, Albany, NY 12220