



**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. Keane, Inc. 18 Corporate Woods Blvd. Albany, NY 12211 (518) 432-3209	Federal Identification No. 04-2437166	Contract Description Location (Region) Hourly-Based IT Services for New York State	MWBE Goals in Contract MBE <u>11</u> % WBE <u>9</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		
Super Design International Inc. 250 International Drive (716) 631-8310 Williamsville, NY 14421 <a href="mailto:curranb@sdintl.com">curranb@sdintl.com</a>	65-0351353	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Subcontract of IT Services	Unknown at this time
MVP Consulting Plus Inc. 435 New Karner Road (518) 218-1700 Albany, NY 12205 <a href="mailto:MVP@mvpconsultingplus.com">MVP@mvpconsultingplus.com</a>	02-0600234	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Subcontract of IT Services	Unknown at this time
		<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 <a href="mailto:Anthony.Grego@Keane.com">Anthony.Grego@Keane.com</a>
Name and Title of Preparer (Print or Type) Anthony Grego, Vice President, Northeast Operations State and Local Government	Telephone No. (518) 432-3209 ext. 314 Date January 17, 2012

**FOR MWBE USE ONLY**

Reviewed By 	Date 1/31/12
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 1/31/12

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	