



NEW YORK STATE OFFICE OF GENERAL SERVICES
 DIVISION OF FINANCE
 40th Floor, Corning Tower
 The Governor Nelson A. Rockefeller Empire State Plaza
 Albany, New York 12242
 (518)474-5981(p) (518)473-2844(f)

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. <i>RMS COMPUTER CORPORATION 1185 AVENUE OF THE AMERICAS, 36th Floor New York, NY 10036 Federal Identification No. 11-2797142</i>	* Contract Description Location (Region) <i>NEW YORK STATE (ALL REGIONS/COUNTIES)</i>	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		
<i>AMTEX SYSTEMS 50 BROAD STREET, STE 801 New York, NY 10004 pmulec@amtexsystems.com 212.269.6448</i>	<i>22-3494842</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>IT STAFF AUGMENTATION</i>	<i>UNKNOWN AT THIS TIME</i>
<i>RTSS, INC. 1 EASTWOOD DRIVE ALBANY, NY 12205 RTSSINC@live.com 518.488.7186</i>	<i>26-2975133</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>IT STAFF AUGMENTATION</i>	<i>UNKNOWN AT THIS TIME</i>
<i>(SEE ATTACHMENT 5 - TECHNICAL PROPOSAL, 5. SUBCONTRACTOR MANAGEMENT, FOR COMPLETE LIST OF MWBE SUBCONTRACTORS/SUPPLIERS)</i>					

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) <i>[Signature]</i>	Email Address <i>JOHN@RMSCORP.COM</i>
Name and Title of Preparer (Print or Type) <i>JOHN GALAZIN, SR. ACCOUNT MANAGER</i>	Telephone No. <i>212.840.8666 x266</i> Date <i>1-9-12</i>

FOR MWBE USE ONLY

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

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	