



MWBE UTILIZATION PLAN

Contract No.: 2-2-439

**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>US TECH SOLUTIONS</u> <u>101 HUDSON STREET SUITE 3715 JERSEY CITY, NJ 07302</u> Federal Identification No. <u>223723532</u>		Contract Description Location (Region) <u>NY</u>	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		
<u>VIOTECH SOLUTIONS INC.</u> <u>1111 ROUTE 110 SUITE 300</u> <u>PARKINGDALE NY 11735</u> <u>BARBARA VIOLA - 631.630.4640</u>	<u>11-3535195</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PROVIDE SUBCONTRACTOR /</u> <u>CONSULTANTS</u>	<u>UNKNOWN AT THIS TIME</u>
		<input type="checkbox"/>	<input type="checkbox"/>		
		<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) <u>P. Stracey</u>	Email Address <u>pooja.stracey@ustechsolutions.com</u>
Name and Title of Preparer (Print or Type) <u>POOJA STRACEY SR. ACCOUNT MANAGER</u>	Telephone No. <u>201-524-9600 x316</u> Date <u>1/12/2012</u>

FOR MWBE USE ONLY			
Reviewed By <u>Barbara Viola</u>	<u>Stephanie Kames</u>	<u>1/31/12</u>	Date <u>1/12/2012</u>
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>1/21/12</u>	Date <u>1/12/2012</u>

Contract No. <u>22439</u>	Project No. (if applicable) <u>unknown</u>	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Description of Work <u>provide subcontractor /</u> <u>consultants</u>
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date	



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

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Contractor's Name, Address and Telephone No. <u>US TECH SOLUTIONS INC.</u> <u>101 HUDSON STREET, SUITE 3715 JERSEY CITY, NJ</u> <u>07302</u>	Contract Description Location (Region) <u>NY</u>	MWBE Goals in Contract MBE <u>11</u> % WBE <u>9</u> %
Federal Identification No. <u>223723532</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>TECHNOLOGY DEVELOPMENT GROUP</u> <u>501 BURNSIDE AV INWOOD NY 11096</u> <u>516-558-0062</u> <u>T.D.G @ TECHDGROUP.COM</u>	<u>261955382</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Provide CONSULTING</u> <u>SERVICES</u>	<u>UNKNOWN</u>
<u>BAVINTON MORALES</u>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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Prepared By (Signature) <u>P. Stracy</u>	Email Address <u>pooja.stracy@ustechsolutions.com</u>
Name and Title of Preparer (Print or Type) <u>POOJA STRACY SR. ACCOUNT MANAGER</u>	Telephone No. <u>201-524-9600 x 316</u> Date <u>1/12/2012</u>

FOR MWBE USE ONLY

Reviewed By <u>BAVINTON MORALES /</u> <u>Deborah Ramsey</u>	<u>1/31/12</u>	Date <u>1/13/2012</u>		
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1/31/12</u>	Date <u>1/13/2012</u>		
Contract No. <u>22439</u>	Project No. (If applicable) <u>TBD</u>	Contract Award Date <u>TBD</u>	Estimated Completion Date <u>TBD</u>	Contract Amount Obligated <u>TBD</u>
Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date <u>1/13/12</u>	Description of Work <u>Provide CONSULTING SERVICES</u>		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>1/13/12</u>			