



Office of General Services

Office of Minority and Women-Owned Businesses & Community Relations

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned Businesses & Community Relations
29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-486-9285

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #22802 - Lot 2

INSTRUCTIONS: 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 (MWBE) under the contract.

BIDDER/CONTRACTOR INFORMATION
Bidder/Contractor Name: AVer Information Inc.
NYS Vendor ID: 1000057960
Bidder/Contractor Address: 668 MISSION COURT FREMONT, CA 94539
Bidder/Contractor Telephone Number: 408-263-3828
Contract Work Location/Region: NEW YORK, USA
Contract Description/Title: NYS OGS HARDWARE LOT#2 - SOLICITATION #22802

CONTRACTOR INFORMATION
Prepared by (Signature): [Signature]
Name and Title of Preparer: JENNIFER LOPEZ - SR. INSIDE SALES REP
Telephone Number: 408-942-2104
Date: 02-26-16
Email Address: JENNIFER.LOPEZ@AVER.COM

IF UNABLE TO MEET THE MBE AND WBE GOALS SET FORTH IN THE SOLICITATION/CONTRACT BIDDER/CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (FORM BDC 333)

MWBE Subcontractor/Supplier Name: ADVANCED PRESENTATION SYSTEMS INC. DBA CCS
MWBE Certification: [X] MBE [X] WBE
Please identify the person you contacted: CHERY GAMST
Federal Identification No.: 04-3428899
Telephone No.: 978-256-2001
Address: 132 NORTHEASTERN BLVD. NASHUA, NH 03062
Email Address: CHERYL@CCSPROJECTS.COM
Detailed Description of work to be provided by subcontractor/supplier: ADVANCED PRESENTATION SYSTEMS INC. (DBA CCS) IS A DIRECT RESELLER AND INTEGRATOR OF AVER PRODUCT SOLUTIONS
Dollar Value of subcontracts/supplies/services: \$ TBD or %

MWBE Subcontractor/Supplier Name:
MWBE Certification: [ ] MBE [ ] WBE
Please identify the person you contacted:
Federal Identification No.:
Telephone No.:
Address:
Email Address:
Detailed Description of work to be provided by subcontractor/supplier:
Dollar Value of subcontracts/supplies/services: \$ or %

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: [Signature]
NAME (Please Print): Anuola Surgick
MBE %/\$ 10% WBE %/\$ 10%
Date: 2/26/16
Comments: Contractor will continue to try to identify additional MWBEs.
NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/ VendorSearchPublic.asp?TN=ny&XID=2528
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.