



**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, Coming 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 4

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. By submission of this Plan, the Bidder/Contractor commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		MWBE Goals in Contract	
Bidder/Contractor Name: Cisco Systems, Inc.	NYS Vendor ID: 1000005003	MBE	% 10
Bidder/Contractor Address: 170 Tasman Drive		WBE	% 10
Bidder/Contractor Telephone Number: 800-553-6387	Contract Work Location/Region: NY		
Contract Description/Title: Group 73600 Information Technology Umbrella Contract - Manufacturer Based (Statewide)			

CONTRACTOR INFORMATION

Prepared by (Signature): <i>Curtis Milligan</i>	Name and Title of Preparer: Curtis Milligan / Proposal Manager	Telephone Number: 703-484-0067	Date: 10/01/2015
Email Address: cmilliga@cisco.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)

OGS MWBE Authorized Signature: <i>Aravinda Suresh</i>	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): Aravinda Suresh	MBE %: 15%	WBE %: 15%	Date: 10/1/15
Comments: Lot 4 - Implementation Services			

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: <https://ny.newycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=2528>

Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

MWBE Subcontractor/Supplier Name: Annese and Associates	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: Cindy Brown	Federal Identification No.: 0984328	Telephone No.: 315-219-4302	
Address: 39 Old Route 146	Email Address: cbrown@annese.com		
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or %

MWBE Subcontractor/Supplier Name: Camelot Communications, Inc.	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: Tom Waters	Federal Identification No.: 22-2866196	Telephone No.: (212) 635-2770	
Address: 14 Wall Street, 16th Floor, New York, NY 10005	Email Address: twaters@camelotgrp.com		
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or %

Page 1 of 4

ADDITIONAL SHEET

Cisco Systems

22802 Lot 4

MWBE Subcontractor/Supplier Name: Compulink Technologies, Inc.		MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Denise Arboleda		Federal Identification No.: 11-2967448	Telephone No.: (212) 695-5465
Address: 260 W 39th Street, #302, New York, NY 10018		Email Address: denise@compu-link.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or _____%			
MWBE Subcontractor/Supplier Name: Computer Design & Integration LLC*		MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Dave Reid		Federal Identification No.: 13-3823827	Telephone No.: (201) 931-1420 ext. 274
Address: 500 Fifth Avenue, Suite 2720, New York, NY 10110		Email Address: dave.reid@cdillc.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or _____%			
MWBE Subcontractor/Supplier Name: Corporate Computer Solutions Inc		MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Larry Grippo		Federal Identification No.: 13-3352744	Telephone No.: (914) 835-1105
Address: 55 Halstead Ave, Harrison, NY 10528		Email Address: lgrippo@corporatecomputersol.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or _____%			
MWBE Subcontractor/Supplier Name: CS Business Systems, Inc		MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Kevin Peterson		Federal Identification No.: 16-1171177	Telephone No.: (716) 886-6521
Address: 1236 Main Street, Buffalo, NY 14209		Email Address: kpeterson@csbusiness.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or _____%			
MWBE Subcontractor/Supplier Name: Derive Technologies, LLC		MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Madhu Royal		Federal Identification No.: 52-2295534	Telephone No.: (212) 363-1111
Address: 116 John Street, New York, NY 10038		Email Address: mroyal@derivetech.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or _____%			



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, Coming Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: 518-486-9284

Fax: 518-486-9285

MWBE UTILIZATION PLAN

[X] Initial Plan [] Revised plan Contract/Solicitation # 22802 Lot 4

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. By submission of this Plan, the Bidder/Contractor commits to good faith efforts in the utilization of MWBE subcontractors and suppliers as required by the MBE/WBE goals contained in the Solicitation/Contract. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION
Bidder/Contractor Name: Cisco Systems, Inc. NYS Vendor ID: 1000005003
Bidder/Contractor Address: 170 Tasman Drive
Bidder/Contractor Telephone Number: 800-553-6387 Contract Work Location/Region: NY
Contract Description/Title: Group 73600 Information Technology Umbrella Contract - Manufacturer Based (Statewide)

CONTRACTOR INFORMATION
Prepared by (Signature): [Signature] Name and Title of Preparer: Curtis Milligan / Proposal Manager Telephone Number: 703-484-0067 Date: 10/01/2015
Email Address: cmilliga@cisco.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)

OGS MWBE Authorized Signature: [Signature] [X] Accepted [] Accepted as Noted [] Notice of Deficiency
NAME (Please Print): Anvola Surack MBE %: 15 WBE %: 5 Date: 10/9/15
Comments: Lot 4 - Telecommunication Services

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528

Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

MWBE Subcontractor/Supplier Name: Dox Electronics, Inc MWBE Certification: [] MBE [X] WBE (If firm is dual certified please select one only)
Please identify the person you contacted: Todd Reber Federal Identification No.: 16-1252404 Telephone No.: (585) 295-1923
Address: 105 College Ave, Rochester, NY 14607 Email Address: toddr@doxnet.com
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or %

MWBE Subcontractor/Supplier Name: Ergonomic Group Inc MWBE Certification: [] MBE [X] WBE (If firm is dual certified please select one only)
Please identify the person you contacted: Michele Morea Federal Identification No.: 11-2685111 Telephone No.: (516) 408-4246
Address: 609-3 Cantiague Rock Rd, Westbury, NY 11590 Email Address: Michele.Morea@ergogroup.com
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4

Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD or %

ADDITIONAL SHEET

Cisco Systems

22802 Lot 4

MWBE Subcontractor/Supplier Name: Garnett River LLC		MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Thomas Collins		Federal Identification No.: 14-1824592	Telephone No.: (518) 275-4888
Address: 60 Railroad Place #501, Saratoga Springs, NY 12866		Email Address: tcollins@garnetriver.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD _____ or _____ %			
MWBE Subcontractor/Supplier Name: Maureen Data Systems Inc		MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Robert Irvin		Federal Identification No.: 13-3817821	Telephone No.: (646) 744-1075
Address: 500 West 43rd Street suite 33A, New York, NY 10036		Email Address: robert@mdsny.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD _____ or _____ %			
MWBE Subcontractor/Supplier Name: New Computech Inc		MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Mona Abraham		Federal Identification No.: 13-3892505	Telephone No.: (212) 406-1801
Address: 39 Broadway Suite 1630, New York, NY 10006		Email Address: mona@newcomputech.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD _____ or _____ %			
MWBE Subcontractor/Supplier Name: Solutionz Videoconferencing, Inc		MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Bret Hagenbach		Federal Identification No.: 382645853	Telephone No.: 585-223-4052 x8905
Address: 901 Bringham Avenue, Los Angeles, CA 90049		Email Address: bhagenbach@solutionzinc.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD _____ or _____ %			
MWBE Subcontractor/Supplier Name: Systems Management Planning, Inc.		MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: Eric Rorapaugh		Federal Identification No.: 16-1545953	Telephone No.: (585) 324-0800
Address: 1020 John Street, West Henrietta, NY 14586		Email Address: er@smp-corp.com	
Detailed Description of work to be provided by subcontractor/supplier: Reseller for Lots 1,2, and 4			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$TBD _____ or _____ %			

Page 4 of 4