



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
28th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-488-9284 Fax: 518-488-9285

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #22802 - 1st

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: <i>FireEye, Inc.</i>	NYS Vendor ID: <i>1100140004</i>	MBE <i>10%</i>
Bidder/Contractor Address (Street, City, State and Zip Code): <i>1440 McCarthy Boulevard, Milpitas, CA 95035</i>		WBE <i>10%</i>
Bidder/Contractor Telephone Number: <i>408.321.6300</i>	Contract Work Location/Region: <i>All of New York State</i>	
Contract Description/Title: <i>Information Technology Umbrella Contract -Manufacturer Based (Statewide) LOT 1</i>		

CONTRACTOR INFORMATION			
Prepared by (Signature): 	Name and Title of Preparer: <i>Peter Sylvester</i>	Telephone Number: <i>917.331.9930</i>	Date: <i>10/21/15</i>
Email Address: <i>peter.sylvester@fireeye.com</i>			

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: <i>iSecure</i>	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:	Federal Identification No.:	Telephone No.:	
<i>Address: 115 Sully's Trail, Suite 10, Pittsford, NY 14534</i>	<i>80-0690740</i>	<i>585-419-8265</i>	
Email Address: <i>amette.warren@isecurenet.net</i>			
Detailed Description of work to be provided by subcontractor/supplier: <i>Resell, install & maintain FireEye products</i>			
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): \$ _____ or <i>5</i> %			

MWBE Subcontractor/Supplier Name: <i>Nexus Consortium, Inc.</i>	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:	Federal Identification No.:	Telephone No.:	
<i>George Rlesco</i>	<i>54-1758965</i>	<i>732-821-5417</i>	
Address: <i>1933 Hwy 38, Wall, NJ 07718</i>			
Email Address: <i>george@nexusnet.com</i>			
Detailed Description of work to be provided by subcontractor/supplier: <i>Resell, install, and maintain FireEye products</i>			
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): \$ _____ or <i>5</i> %			

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: 	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): <i>Anusola Surgick</i>	MBE %/\$ <i>10%</i>	WBE %/\$ <i>10%</i>	Date: <i>10/29/15</i>
Comments:			

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

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

ADDITIONAL SHEET

Bidder/Contractor Name: <i>FireEye, Inc.</i>	Contract/Solicitation #22802 - <i>Lot 1</i>
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MWBE Subcontractor/Supplier Name: <i>Maureen Data Systems</i>	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:	Federal Identification No.: <i>13-381-7821</i>	Telephone No.: <i>212-239-2448</i>
Address: <i>307 West 38 St, Suite 1801, New York, NY 10018</i>	Email Address: <i>robert@mdsny.com</i>	
Detailed Description of work to be provided by subcontractor/supplier: <i>Resell, install, and maintain FireEye products</i>		
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): \$ _____ or 5 %		

MWBE Subcontractor/Supplier Name: <i>High Point Solutions, Inc.</i>	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: <i>Ellen Olivio</i>	Federal Identification No.: <i>22-3462274</i>	Telephone No.: <i>973-940-6553</i>
Address: <i>5 Gail Court, Sparta, NJ 07871</i>	Email Address: <i>eolivio@highpoint.com</i>	
Detailed Description of work to be provided by subcontractor/supplier: <i>Resell, install and maintain Fireeye products</i>		
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): \$ _____ or 5 %		

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
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 (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %		

MWBE Subcontractor/Supplier Name:	MWBE Certification: <input type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)	
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 (When \$ value cannot be determined put estimated % of work under the contract or value TBD based on contractual spending): \$ _____ or _____ %		

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Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
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Detailed Description of work to be provided by subcontractor/supplier:		
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): \$ _____ or _____ %		