

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



**Office of
General Services**

**Office of Minority and Women-Owned
Businesses & Community Relations**

MWBE UTILIZATION PLAN

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

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>SecureAuth</i> | NYS Vendor ID: <i>1100136751</i> | MBE <i>10%</i> | |
| Bidder/Contractor Address (Street, City, State and Zip Code): <i>8965 Research Drive, Irvine, CA 92618</i> | | WBE <i>10%</i> | |
| Bidder/Contractor Telephone Number: <i>914.967.2596</i> | | Contract Work Location/Region: <i>NY</i> | |
| Contract Description/Title: <i>Umbrella 22802 - Lot 1</i> | | | |

| | | | |
|---|---|--|---------------------------|
| CONTRACTOR INFORMATION | | | |
| Prepared by (Signature): <i>James Cooper</i> | Name and Title of Preparer: <i>James Cooper, Regional Sales Director</i> | Telephone Number: <i>917.270.8082</i> | Date: <i>5.14.2015</i> |
| Email Address: <i>cooper@secureauth.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>Tech Valley Talent</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: <i>Renee Roth Oneil</i> | Federal Identification No.: <i>26-2582540</i> | Telephone No.: <i>518.882.0001</i> | |
| Address: <i>1360 Kania Road, Amsterdam, NY 12010</i> | Email Address: <i>tech@techvtal.com</i> | | |
| Detailed Description of work to be provided by subcontractor/supplier: <i>Any project or procurement related services</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>100</i> % | | | |

| | | | |
|--|--|----------------|--|
| 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 _____ % | | | |

| | | | |
|--|--|--|---|
| FOR OGS MWBE USE ONLY | | | |
| OGS MWBE Authorized Signature: <i>Anisla Surgick</i> | <input checked="" type="checkbox"/> Accepted | <input type="checkbox"/> Accepted as Noted | <input type="checkbox"/> Notice of Deficiency |
| NAME (Please Print): <i>Anisla Surgick</i> | MBE %/\$ _____ | WBE %/\$ <i>20%</i> | Date: <i>1/27/16</i> |
| Comments: | | | |
| 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. | | | |