



**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. 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>Seneca Data Distributors Inc.</i>	NYS Vendor ID: <i>1100003164</i>	MBE	<i>10%</i>
Bidder/Contractor Address (Street, City, State and Zip Code): <i>6040 Tarbell Road Syracuse, NY 13206</i>		WBE	<i>10%</i>
Bidder/Contractor Telephone Number: <i>888-628-7930</i>		Contract Work Location/Region: <i>NYS</i>	
Contract Description/Title: <i>Hardware Manufacturer</i>			

CONTRACTOR INFORMATION			
Prepared by (Signature): 	Name and Title of Preparer: <i>Holly LeSchander / Contract Administrator</i>	Telephone Number: <i>888-628-7930</i>	Date: <i>02/10/2016</i>
Email Address: <i>hollyl@senecadata.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>Corporate Computer Solutions, Inc</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>Ann Martino</i>	Federal Identification No.: <i>13-3352744</i>	Telephone No.: <i>914-835-1105 x.101</i>	
Address: <i>55 Halstead Ave. Harrison, NY 10528</i>	Email Address: <i>amartino@corporatecomputersol.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Dealer</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>10</i> %			

MWBE Subcontractor/Supplier Name: <i>CST Group Inc. dba Computer Support & Training</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>Lisa A Brown</i>	Federal Identification No.: <i>26-2901703</i>	Telephone No.: <i>518-483-4100</i>	
Address: <i>4171 State Route 1 Malone, NY 129531</i>	Email Address: <i>lisa@cstsupport.com</i>		
Detailed Description of work to be provided by subcontractor/supplier: <i>Dealer</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 type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	MBE %/\$	WBE %/\$	Date:

Comments: *CST Group is not a NYS certified MWBE.*

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.

ADDITIONAL SHEET

Bidder/Contractor Name: <i>Seneca Data Distributors, Inc.</i>	Contract/Solicitation #22802
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MWBE Subcontractor/Supplier Name: <i>SMP Inc.</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>Eric & Kristin Rorapaugh</i>		Federal Identification No.: <i>16-1545953</i>	Telephone No.: <i>585-475-0670</i>
Address: <i>75 Goodway Dirve Rochester, NY 14623</i>		Email Address: <i>er@smp-corp.com</i>	
Detailed Description of work to be provided by subcontractor/supplier: <i>Dealer</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 _____ %			
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 _____ %			
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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