NEW YORK STATE OF OPPORTUNITY | 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*

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: *ShoreTel, Inc.*	NYS Vendor ID: *1000057902*	MBE *10%*
Bidder/Contractor Address (Street, City, State and Zip Code): *960 Stewart Dr. Sunnyvale, CA 94085*		WBE *10%*
Bidder/Contractor Telephone Number: *408-900-1256*	Contract Work Location/Region: *New York*	
Contract Description/Title: *Group 73600 Information Technology Umbrella Contract - Manufacturer Based (Statewide) Lot 1 - Software*		

CONTRACTOR INFORMATION			
Prepared by (Signature):	Name and Title of Preparer: *Jamie Singer*	Telephone Number: *408-900-1256*	Date: *02/09/2016*
Email Address: jsinger@shoretel.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: *Anneese & Associates*	MWBE Certification: ☐ MBE ☒ WBE (If firm is dual certified please select one only)	
Please identify the person you contacted: *Joe LoRe*	Federal Identification No.: *16-0984328*	Telephone No.: *315-866-2213*
Address: *4781 State Route 5W*	Email Address: *jlore@annese.com*	
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): $ *TBD* or *TBD 20* %		

MWBE Subcontractor/Supplier Name:	MWBE Certification: ☐ MBE ☐ 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:	☐ Accepted	☒ Accepted as Noted	☐ Notice of Deficiency
NAME (Please Print): Anuola Surgick	MBE %/$	WBE %/$ 20%	Date: 2/11/16
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.