

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



Office of  
General Services

Office of Minority and Women-Owned  
Businesses & Community Relations

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
Bidder/Contractor Name: ShoreTel, Inc. NYS Vendor ID: 1000057902
Bidder/Contractor Address: 960 Stewart Dr. Sunnyvale, CA 94085
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 2 - Hardware

CONTRACTOR INFORMATION
Prepared by (Signature): [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 [x] WBE
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@anneese.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
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): \$ \_\_\_\_\_ of \_\_\_\_\_ %

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: [Signature] [ ] Accepted [x] 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.