



**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: <i>ShoreTel, Inc.</i>	NYS Vendor ID: <i>1000057902</i>	MBE 15%	
Bidder/Contractor Address (Street, City, State and Zip Code): <i>960 Stewart Dr. Sunnyvale, CA 94085</i>		WBE 15%	
Bidder/Contractor Telephone Number: <i>408-900-1256</i>		Contract Work Location/Region: <i>New York</i>	
Contract Description/Title: <i>Group 73600 Information Technology Umbrella Contract - Manufacturer Based (Statewide) Lot 4 - Implementation</i>			

CONTRACTOR INFORMATION			
Prepared by (Signature): 	Name and Title of Preparer: <i>Jamie Singer</i>	Telephone Number: <i>408-900-1256</i>	Date: <i>02/09/2016</i>
Email Address: <i>jsinger@shoretel.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>Annese & Associates</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>Joe LoRe</i>	Federal Identification No.: <i>16-0984328</i>	Telephone No.: <i>315-866-2213</i>	
Address: <i>4781 State Route 5W</i>	Email Address: <i>jlore@annese.com</i>		
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): \$ <u>TBD</u> or <u>TBD 30</u> %			

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: 	<input type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): <i>Anuola Surgick</i>	MBE %/\$ _____	WBE %/\$ <u>30%</u>	Date: <u>2/11/16</u>
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.