



Office of General Services

Office of Minority and Women-Owned Businesses & Community Relations

LOT 4.

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

[X] 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: Versaterm Inc.
NYS Vendor ID: 1100142426
Bidder/Contractor Address: 2300 Carling Avenue, Ottawa, Ontario, Canada, K2B 7G1
Bidder/Contractor Telephone Number: 613-820-0311
Contract Work Location/Region: Capital region
Contract Description/Title: Group 73600 Information Technology Umbrella Contract - Manufacturer based

CONTRACTOR INFORMATION
Prepared by (Signature): T Rosales
Name and Title of Preparer: Terri Rosales
Telephone Number: 613-820-0311
Date: 2016-01-11
Email Address: terri.rosales@versaterm.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: RV Global Solutions Inc
MWBE Certification: [X] MBE [] WBE
Please identify the person you contacted: Rahul Gangu
Federal Identification No.: 20 3014966
Telephone No.: 732-802-0009
Address: 826 Primrose Ct., Belle Mead, NJ 08502
Email Address: rgangu@rvglobalsolutions.com
Detailed Description of work to be provided by subcontractor/supplier: Information Technology Services

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 TBD %

MWBE Subcontractor/Supplier Name: Capital Alliance Solutions Inc.
MWBE Certification: [] MBE [X] WBE
Please identify the person you contacted: Michelle Mesi
Federal Identification No.: 45 5541292
Telephone No.: 716-242-7543, 716-553-3025
Address: 1800 Elmwood Avenue, Buffalo, NY, 14207
Email Address: michelle@capitalalliance solutionsinc.com
Detailed Description of work to be provided by subcontractor/supplier: bulk printing

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 TBD %

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: [Signature]
[X] Accepted [] Accepted as Noted [] Notice of Deficiency
NAME (Please Print): Anuska Surgick
MBE %/\$ 15% WBE %/\$ 15%
Date: 1/14/16
Comments: Received 1/14/16

NYS CERTIFIED MWBE SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com/FrontEnd/SupplierSearchPublic.asp?TN=ny&XID=2528
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.