



**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: AEROHIVE NETWORKS, INC.	NYS Vendor ID: 1100133105	MBE 10 % 10
Bidder/Contractor Address (Street, City, State and Zip Code): 330 GIBRALTAR DRIVE, SUNNYVALE, CA 94089		WBE 10 % 10
Bidder/Contractor Telephone Number: 408-510-6100	Contract Work Location/Region: State of New York	
Contract Description/Title: Group 73600 Information Technology Umbrella Contract - Manufacturer Based (Statewide)		

CONTRACTOR INFORMATION			
Prepared by (Signature): 	Name and Title of Preparer: Steve Debenham, VP, General Counsel & Corporate Secretary	Telephone Number: (408) 585-6316	Date: September 10, 2015
Email Address: sdebenham@aerohive.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: Network Experts of New York, Inc.	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)
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Please identify the person you contacted: Anu McGowan	Federal Identification No.: 14-1980688	Telephone No.: (877) 268-3128
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Address: 220 Washington Ave. Ext. /Suite 4, Albany, NY 12203	Email Address: amcgowan@netxny.com
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Detailed Description of work to be provided by subcontractor/supplier:
DIRECT (Spending directly fulfilling contract obligations) Computer and wireless network products and 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): **\$25,000 estimated** or _____ %

MWBE Subcontractor/Supplier Name: Layer 3 Technologies, Inc.	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)
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Please identify the person you contacted: Dan Fenlon	Federal Identification No.: 03-0422047	Telephone No.: (585) 254-1966 x323
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Address: 1645 Lyell Avenue, Suite 200, Rochester, NY 14606	Email Address: dfenlon@layer3direct.com
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Detailed Description of work to be provided by subcontractor/supplier: <i>DIRECT (Spending directly fulfilling contract obligations) Computer and wireless network products and services</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): <i>\$25,000 estimated</i> or _____ %

FOR OGS MWBE USE ONLY			
OGS MWBE Authorized Signature: <i>Anuola Surgick</i>	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): <i>Anuola Surgick</i>	MBE %/\$ <i>10%</i>	WBE %/\$ <i>10%</i>	Date: <i>9/14/15</i>
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.			

ADDITIONAL SHEET

Bidder/Contractor Name:	Contract/Solicitation # _____
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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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