



Software

Contract No.: TBD 22802

MWBE UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required by the IFB, RFP or RFQ. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary. 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.

Contractor's Name, Address and Telephone No. Arista Networks 17 Coolidge Road Amsterdam, NY 12010	Federal Identification No. 201751121	Contract Description Location (Region) NYS OGS Technology Umbrella Contract Lot 1	MWBE Goals In Contract MBE 10 % WBE 10%
---	--------------------------------------	--	---

Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
Annese & Associates	16-098-4328	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Authorized Arista Partner	Greater than 10%
Twinstare Technologies	14-151-4722	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Authorized Arista Partner	Greater than 10%
		<input type="checkbox"/>	<input type="checkbox"/>		

IF YOU ARE UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC 333)

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature) <i>Dennis Diamond</i>	Email Address dennis@arista.com
Name and Title of Preparer (Print or Type) Dennis Diamond - NYS Govt Mgr	Telephone No. 518.423-7878
Date June 25, 2015	

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date 9/23/15			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 10/6/15			
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Comments:		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 10/6/15			