



MWBE UTILIZATION PLAN

Hardware

Contract No.: TBD 22802

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 <i>17 Coolidge Road</i> <i>Amsterdam, NY 12010</i>	Federal Identification No. 201751121	Contract Description Location (Region) NYS OGS Technology Umbrella Contract <i>Lot 2</i>	MWBE Goals In Contract MBE 10 % WBE 10%
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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%
Twinstate Technologies	14-151-4722	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Authorized Arista Partner	Greater than 10%
		<input type="checkbox"/>	<input type="checkbox"/>		

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

FOR MWBE USE ONLY

Reviewed By <i>[Signature]</i>	Date 9/25/15			
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			