



MWBE UTILIZATION PLAN

Contract No.: 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 in 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. Dell Marketing LP One Dell Way Round Rock, Texas 78682	Federal Identification No. 762616805	Contract Description Location (Region) Group 73600 Information Technology Umbrella Contract - Manufacturer Based (Statewide) <i>lot 1 - SW</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		
Ergonomic Group 609-3 Cantiague Rock rd Westbury, NY 11590	11-2685111	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Value Added Reseller	TBD upon award
Maureen Data Systems 307 West 38th St New York NY 10018	13-3817821	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Value Added Reseller	TBD upon award
Compulink 260 W 39TH ST RM 302 New York, NY 10018	11-2967448	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Value Added Reseller	TBD upon award

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>[Signature]</i>	Email Address meghan_flisakowski@dell.com
Name and Title of Preparer (Print or Type) Meghan Flisakowski	Telephone No. 512-723-1575
Date <i>6/26/15</i>	

FOR MWBE USE ONLY			
Reviewed By <i>[Signature]</i>	Date	<i>9/24/15</i>	
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date	<i>9/25/15</i>	
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date
Contract Amount Obligated	Comments:		
Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date		
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>9/25/15</i>		



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Certified M/WBE 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		
QnA Tech 18 Marginwood DR RIDGE, NY 11961	74-0943877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Value Added Reseller	TBD upon award
WebHouse 2365 Milburn Ave Baldwin Ny 11510	11-3369453	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Value Added Reseller	TBD upon award
Aeon Nexus 174 Glen St. Glens Falls NY 12801	54-1983534	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Value Added Reseller	TBD upon award

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Prepared By (Signature) <i>[Signature]</i>	Email Address <i>meghan_flisakowski@dell.com</i>
Name and Title of Preparer (Print or Type) <i>Meghan Flisakowski</i>	Telephone No. <i>512-723-1575</i> Date <i>4/24/15</i>

FOR M/WBE USE ONLY

Reviewed By <i>[Signature]</i>	Date <i>9/24/15</i>			
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <i>9/25/15</i>			
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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				
Stellar Services 70 W 36TH ST RM 702 New York, NY 10018	11-3189413	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Value Added Reseller	TBD upon award		
Systems Management and Planning 1020 John Street, W. Henrietta, NY 14586	16-1545953	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Value Added Resellers	TBD upon award		
Island Computer Products 20 Clifton Ave., Staten Island, NY 10305	13-3536167	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Value Added Resellerr	TBD upon award		
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Prepared By (Signature) <i>[Signature]</i>				Email Address <i>meghan_fisakowski@dell.com</i>		Date <i>6/24/15</i>	
Name and Title of Preparer (Print or Type) <i>Meghan Fisakowski</i>				Telephone No. <i>512-723-1575</i>		Date <i>6/24/15</i>	
FOR MWBE USE ONLY							
Reviewed By <i>[Signature]</i>					Date <i>9/24/15</i>		
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Date <i>9/25/15</i>		
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		MBE	WBE		
Protek Information Technology Services 492 Mitchell Dr Valley Cottage, NY 10989	262489773	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Value Added Reseller	TBD upon award
Corporate Computer Services 55 Halstead Ave Harrison, NY 10528	13-3352744	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Value Added Resellers	TBD upon award
		<input type="checkbox"/>	<input type="checkbox"/>		

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Name and Title of Preparer (Print or Type) <i>Meghan Flisakowski</i>	Telephone No. <i>512-723-1575</i> Date <i>6/26/15</i>

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