



NYS OFFICE OF GENERAL SERVICES

Serving New York

MWBE UTILIZATION PLAN

Contract No.: RFP 20191

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.

Contractor's Name, Address and Telephone No. L-Tron Corporation 596 Fishers Station Drive, Suite 1A Victor, NY 14564 585-383-0050 Federal Identification No. 14-1601902	Contract Description Location (Region) Statewide	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		
CAPSTONE Information Technologies, Inc. 252 Plymouth Ave. S., Rochester, NY 14608 585-546-4120 mfowler@capstoneitinc.com	38-3681291	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Subcontract Solution development for qualified applications.	To Be Determined
Avani Technology Solutions Inc. 722 Weiland Road, Suite 205, Rochester, NY 14626 585-584-1313 mitch.m@avanitechsolutions.com	26-1722604	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subcontract Solution development for qualified applications.	To Be Determined

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form MWBE 101/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)	Email Address RAD.DeRose@L-Tron.com
Name and Title of Preparer (Print or Type) Robert A. DeRose	Telephone No. 585-383-0050
	Date 1/28/15

FOR MWBE USE ONLY

Reviewed By	Date 2/24/15
Utilization Plan Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/16/15

Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Notice of Deficiency Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Description of Work
Notice of Acceptance Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date 3/16/15	

Note: accepted with notice.