



**Office of
General Services**

**Office of Minority and Women-Owned
Business Enterprises**

Commodities and Services

Submit Completed Plan To:

Office of Minority and Women-Owned
Business Enterprises
20th Floor, Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: 518-486-9284 Fax: 518-486-9265

MWBE UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation #1942

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 Enterprises (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: <i>Spruce Technology, Inc.</i>	NYS Vendor ID: <i>1100124930</i>	MBE	<i>15%</i>
Bidder/Contractor Address (Street, City, State and Zip Code): <i>1149 Bloomfield Ave, Suite G, Clifton, NJ 07012</i>		WBE	<i>15%</i>
Bidder/Contractor Telephone Number: <i>862-225-9300</i>		Contract Work Location/Region: <i>Albany</i>	

Contract Description/Title: *Procurement Services Database Assessment*

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>Kristen Mazza</i>	Name and Title of Preparer: <i>Kristen Mazza, Director of Proposals, Contracts & Marketing</i>	Telephone Number: <i>862-225-9302</i>	Date: <i>7/25/2016</i>
Email Address: <i>kmazza@spruce-tech.com</i>			

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: <i>Crossfire Consulting</i>	MWBE Certification: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: <i>Beth Boyce</i>	Federal Identification No.:	Telephone No.:	
Address: <i>1940 Commerce Street Yorktown Heights, NY 10598</i>	Email Address: <i>beth@crossfireconsultin.com</i>		

Detailed Description of work to be provided by subcontractor/supplier:
Provide data analysts

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 *15* %

MWBE Subcontractor/Supplier Name: <i>Spruce Technology</i>	MWBE Certification: <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE (If firm is dual certified please select one only)		
Please identify the person you contacted: <i>Self-fulfilling MBE goal</i>	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 _____ %

FOR OGS MWBE USE ONLY

OGS MWBE Authorized Signature: <i>[Signature]</i>	<input type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	MBE %/\$ <i>15</i>	WBE %/\$ <i>15</i>	Date Received: <i>8/22/16</i>
Comments: <i>Crossfire Consulting is not a NYS Certified MWBE</i>		Date Processed: <i>8/23/16</i>	

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.