

Bid Opening Results For:

| | |
|--------------------|-----------------|
| IFB NUMBER | 22772 |
| BID OPENING | 5/19/2016 |
| GROUP NUMBER | 73600 |
| PURCHASING OFFICER | Nancy Dougherty |
| TELEPHONE | (518) 408-3265 |

DESCRIPTION

Project Based Information Technology Consulting Services
(Statewide) First Periodic Recruitment



Office of General Services

Procurement Services

Corning Tower, Empire State Plaza, Albany, NY 12242 | http://nyspro.ogs.ny.gov | customer.service@ogs.ny.gov | 518-474-6717

Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY (E-Mail or Facsimile Submissions Are NOT Acceptable)

Table with 2 columns: Solicitation Opening (Date: May 19, 2016, Time: 11:00 AM ET), Title: Group 73600 IT Services, Award Description: Project Based Information Technology Consulting Services (Statewide), Solicitation Number: 22772, Specification Reference: As Incorporated in the Solicitation, Contract Period: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals

Table with 4 columns: Designated Contacts (Mark Joly, Marc Kleinhenz, Donna Pszeniczny, Karen Fowler, Nancy Dougherty, Allison White, Daniel DeCamp). Includes email address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at: Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Vendor's Federal Tax Identification Number: 33-0647719; NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause); Legal Business Name of Company: 3Di, Inc.; D/B/A - Doing Business As (if applicable): 3Di Systems, Inc.; Street: 3 Pointe Drive, STE 307; City: Brea; State: California; County: Orange; Zip Code: 92821; Bidder's Signature: Mark Klassen; Title: Director of Information Technology; Printed or Typed Name: Mark Klassen (M/Ms); Date: 5/16/16; E-mail Address: marketing@3disystems.com

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten initials KR



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| SOLICITATION NUMBER: 22772 | | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
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| DESIGNATED CONTACTS | | | |
|--|------------------|-----------------|---------------|
| Mark Joly | Donna Pszeniczny | Nancy Dougherty | Daniel DeCamp |
| Marc Kleinhenz | Karen Fowler | Allison White | |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

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| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 20-2595326 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100121895 |
|---|--|

Legal Business Name of Company:
ABC Technology Services

D/B/A - Doing Business As (if applicable):

| Street | City | State | County | Zip Code |
|-----------------|-------------|-------|--------|----------|
| 3163 Bailey Ave | Buffalo, NY | Erie | 14215 | |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

NYS Small Business # Employees
 NYS Certified Minority-owned Business Enterprise
 NYS Certified Women-owned Business Enterprise
 NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: USE:

| | |
|--|---|
| Bidder's Signature: | Printed or Typed Name: IBRAHIM CISSE (Mr/Ms) Mr. |
| Title: President | Date: 05/16/2016 |
| Phone: 716-418-4132 Ext: | E-mail Address: acisse@abc-ts.com |

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | | | | |
|--|---|---|--|--------------------------|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 16-0984328 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 100-000-3417 | | | |
| Legal Business Name of Company: Annese & Associates, Inc. | | | | |
| D/B/A - Doing Business As (if applicable): | | | | |
| Street 747 Pierce Rd. | City Clifton Park, | State NY | County Saratoga | Zip Code 12065 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input checked="" type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: | | Printed or Typed Name: Jamie Aiello (Mr/Ms) | | |
| Title: VP of Services | | Date: 5/12/2016 | | |
| Phone: 315-457-4333 | | Ext: | | |
| | | E-mail Address: jaiello@annese.com | | |

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| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All Inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139-k.asp

| | | | | |
|---|--|---|--|--------------------------|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100137308 | | | |
| Legal Business Name of Company: Capstone Strategy Group | | | | |
| D/B/A - Doing Business As (if applicable): | | | | |
| Street 60 LaBelle Road | City Mt. Vernon | State NY | County Westchester | Zip Code 10552 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input type="checkbox"/> NYS Small Business # Employees | <input checked="" type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: <i>W. Dwight McLeod</i> | Printed or Typed Name: W. Dwight McLeod | | | |
| Title: CEO | Date: (Mr/Ms) 05/16/2016 | | | |
| Phone: 914-667-4659 | Ext: | E-mail Address: dmcleod@capstonestrategygroup.com | | |

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 82-0547977 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) |
|---|--|

Legal Business Name of Company:
Catalog and Commerce Solutions, LLC

D/B/A - Doing Business As (if applicable):
Discover e-GOV

| | | | | |
|----------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|
| Street 263 East Street | City Pittsford | State New York | County Monroe | Zip Code 14534 |
|----------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|

If applicable, place an "x" in the appropriate box(es) (check all that apply):

| | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> NYS Small Business 4 # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
|---|--|---|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
 WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|---|--|
| Bidder's Signature: Title: PARTNER | Printed or Typed Name: MICHAEL R. KELLY (Mr/Ms) Date: 4/18/16 |
|---|--|

| | | |
|------------------------------|-------------|---|
| Phone: (585) 350-9884 | Ext: | E-mail Address: MKELLY@DISCOVEREGOV.COM |
|------------------------------|-------------|---|

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| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel Decamp |
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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|--|---|
| Vendor's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 22-3400677 | NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> 1000017126 |
| Legal Business Name of Company: CNC Consulting Inc. | |
| D/B/A - Doing Business As (if applicable): | |
| Street 50 E Palisades Ave | City Englewood State NJ County Bergen Zip Code 07631 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | |
| <input checked="" type="checkbox"/> NYS Small Business # Employees | <input checked="" type="checkbox"/> NYS Certified Minority-owned Business Enterprise |
| <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | |
| Bidder's Signature: | Printed or Typed Name: Andy Charley (Mr/Ms) Mr. |
| Title: President | Date: 5/17/2016 |
| Phone: 201-541-9121 Ext: | E-mail Address: acharley@cncconsulting.com |

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Table with solicitation details: DATE: May 19, 2016, TIME: 11:00 AM ET, TITLE: Group 73600 IT Services, AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide), SOLICITATION NUMBER: 22772, SPECIFICATION REFERENCE: As Incorporated in the Solicitation, CONTRACT PERIOD: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals

DESIGNATED CONTACTS table listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White.

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Table with Vendor's Federal Tax Identification Number (36-4268153) and NYS Vendor Identification Number (VC00137645).

Legal Business Name of Company: Column Technologies Inc.

D/B/A - Doing Business As (if applicable):

Table with address details: Street (10 E 22nd St), City (Lombard), State (IL), County (DuPage), Zip Code (60148).

If applicable, place an "x" in the appropriate box(es) (check all that apply): NYS Small Business # Employees, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business.

If you are not providing a Vendor Submission, place an "x" in the box and return this page only. WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with Bidder's Signature (Lee Schroeder), Title (Controller), Phone (630)515-6660, Printed or Typed Name (Lee Schroeder), Date (5/17/2016), E-mail Address (lschroeder@columnit.com).

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten signature of Lee Schroeder.



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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 23-2180878 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000004646 |
|---|--|

Legal Business Name of Company:
Computer Aid, Inc.

D/B/A - Doing Business As (if applicable):
CAII

| Street | City | State | County | Zip Code |
|-----------------------|------------|-------|--------|----------|
| 1390 Ridgeview Drive, | Allentown, | PA | Lehigh | 18104 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

NYS Small Business # Employees
 NYS Certified Minority-owned Business Enterprise
 NYS Certified Women-owned Business Enterprise
 NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|---|---|
| Bidder's Signature: | Printed or Typed Name: Chris Roth (Mr/Ms) |
| Title: Director of Business Development | Date: May 18, 2016 |
| Phone: 610-217-0529 Ext: | E-mail Address: Chris_Roth@compaid.com |

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Table with 2 columns: Vendor's Federal Tax Identification Number: 11-2944679, NYS Vendor Identification Number: 1000056528

Legal Business Name of Company: Computer Logic Group, Inc.

D/B/A - Doing Business As (If applicable):

Table with 5 columns: Street (33 Comac Loop Unit 8), City (Ronkonkoma), State (NY), County (Suffolk), Zip Code (11779)

If applicable, place an "x" in the appropriate box(es) (check all that apply): [X] NYS Small Business # Employees, [] NYS Certified Minority-owned Business Enterprise, [] NYS Certified Women-owned Business Enterprise, [] NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only. [] WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (P. Nardeo), Printed or Typed Name (PRAIMCHAND NARDEO), Title (CONTROLLER), Date (05/16/2016), Phone (631-738-1900 Ext: 114), E-mail Address (PNARDEO@GOLLG.COM)

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten signature of P. Nardeo



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Table with 2 columns: Vendor's Federal Tax Identification Number (36-3902573), NYS Vendor Identification Number (1000030229)

Legal Business Name of Company: Computer Professionals International

D/B/A - Doing Business As (if applicable):

Table with 5 columns: Street (2165 Technology Dr.), City (Schenectady), State (NY), County (Schenectady), Zip Code (12308)

If applicable, place an "x" in the appropriate box(es) (check all that apply): X NYS Small Business # Employees 22, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only. WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Bidder's Signature: [Handwritten Signature], Printed or Typed Name: Thomas M. Franceschi, Title: President, Date: 5/11/16, Phone: 518-836-2715, Ext: 2715, E-mail Address: AKoch@comprounc.com

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

[Handwritten Signature]



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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY (E-Mail or Facsimile Submissions Are NOT Acceptable)

Table with solicitation details: SOLICITATION OPENING DATE/TIME, TITLE, AWARD DESCRIPTION, SOLICITATION NUMBER, SPECIFICATION REFERENCE, CONTRACT PERIOD.

DESIGNATED CONTACTS table listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White.

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation...

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Vendor information form including: Vendor's Federal Tax Identification Number, NYS Vendor Identification Number, Legal Business Name (COOLSOFT LLC), D/B/A, Street, City, State, County, Zip Code, checkboxes for business types, and Bidder's Signature/Name/Title/Date/Phone/Ext/E-mail Address.

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION



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| | |
|--|---|
| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 . Plus Two Optional Three Year Renewals | |

DESIGNATED CONTACTS

| | | | |
|-----------------------------|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
|-----------------------------|----------------------------------|----------------------------------|---------------|

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | | | | |
|---|--|---|--|--------------------------|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 14-1567145 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000014093 | | | |
| Legal Business Name of Company: Documentation Strategies, Inc. | | | | |
| D/B/A - Doing Business As (if applicable): NA | | | | |
| Street 15 Second Avenue | City Rensselaer | State NY | County Rensselaer | Zip Code 12144 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input checked="" type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input checked="" type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: | Printed or Typed Name: Tami M. Cole | | | |
| Title: President | Date: 5/17/16 (Mr/Ms) | | | |
| Phone: 518-432-1233 | Ext: 100 | E-mail Address: tami.cole@docstrats.com | | |

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| DESIGNATED CONTACTS | | | |
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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | | | | |
|--|---|---|--|--------------------------|
| Vendor's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 22-3930184 | NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> 1100079022 | | | |
| Legal Business Name of Company: Emergent, LLC | | | | |
| D/B/A - Doing Business As (if applicable): N/A | | | | |
| Street 8219 Leesburg Pike, Suite 300 | City Vienna | State VA | County Fairfax | Zip Code 22182 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: | Printed or Typed Name: Paul D. Kohler (Mr/Ms) | | | |
| Title: Executive Vice President | Date: May 17, 2016 | | | |
| Phone: 703-288-4556 | Ext: | E-mail Address: contracts@emergent360.com | | |

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DESIGNATED CONTACTS table listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White. Includes email address: ITSProcurement@ogs.ny.gov

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Vendor information form including: Vendor's Federal Tax Identification Number, NYS Vendor Identification Number, Legal Business Name of Company: ePlus Technology Services, inc., D/B/A - Doing Business As, Street: 13595 Dulles Technology Drive, City: Herndon, State: VA, County: Fairfax, Zip Code: 20171, checkboxes for business types, and Bidder's Signature: Steve Mencarini, Title: Senior Vice President, Date: 5/19/2016, Phone: 703-984-8400, E-mail Address: info@eplus.com

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 31-1688884 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100124206 |
| Legal Business Name of Company: ERP Analysts, Inc. | |
| D/B/A - Doing Business As (if applicable): | |
| Street 425 Metro Place N Ste. 510 | City Dublin State Ohio County Franklin Zip Code 43017 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise |
| <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | |
| Bidder's Signature: Title: Executive Vice President | Printed or Typed Name: Mr. Ranjith Kumar Yengoti (Mr/Ms) Date: 05/19/2016 |
| Phone: 614-718-9222 Ext: 7050 | E-mail Address: ryengoti@crpanalysts.com |

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Table with 4 columns: Designated Contacts (Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White). Includes email address: ITSProcurement@ogs.ny.gov

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Form with fields: Vendor's Federal Tax Identification Number (39-1929719), NYS Vendor Identification Number (1100015073), Legal Business Name of Company (Experis US, Inc.), D/B/A - Doing Business As (Experis US, Inc.), Street (99 Park Avenue, Suite 920), City (New York), State (NY), County (NY), Zip Code (10016), checkboxes for business types, Bidder's Signature (with handwritten signature), Title (Managing Director), Printed or Typed Name (Mr. Michael Corley), Date (May 19, 2016), Phone (212-471-3555), Ext, E-mail Address (michael.corley@experis.com)

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| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) |
|---|--|

Legal Business Name of Company: Halcyon Solutions, Inc.

D/B/A - Doing Business As (if applicable): -

Street 5880 Innovation Dr. **City** Dublin **State** OH **County** Franklin **Zip Code** 43016

If applicable, place an "x" in the appropriate box(es) (check all that apply):

NYS Small Business # Employees
 NYS Certified Minority-owned Business Enterprise
 NYS Certified Women-owned Business Enterprise
 NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Bidder's Signature: [Signature] **Printed or Typed Name:** Alan Day
(Mr/Ms)

Title: Sr. Dir. of HR, Finance & Ops **Date:** 4/14/16

Phone: 614-322-3951 **Ext:** **E-mail Address:** aday@halcyonit.com

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

[Handwritten Signature]



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| | | | |
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|-----------------------------|----------------------------------|----------------------------------|---------------|

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|--|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 23-3065691 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) APPLIED FOR |
| Legal Business Name of Company: IT & I SOFTWARE, INC | |
| D/B/A - Doing Business As (if applicable): | |
| Street 2571 BAGLYDS CIRCLE, B32 | City BETHLEHEM PA |
| State PA | County NORTHAMPTON |
| Zip Code 18020 | |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise |
| <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | |
| Bidder's Signature: <i>J. Bharath</i> | Printed or Typed Name: BHARATH SUNDARAMAN (Mr/Ms) |
| Title: COO | Date: 5/18/16 |
| Phone: 610 882 9699 Ext: 221 | E-mail Address: BHARATH SUNDARAMAN |

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

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Table with 2 columns: Vendor's Federal Tax Identification Number: 52-2299063, NYS Vendor Identification Number: 1100065811

Legal Business Name of Company: Iknow LLC

D/B/A - Doing Business As (if applicable): NA

Street: P.O. Box 8678, City: Princeton, State: New Jersey, County: Mercer, Zip Code: 08543

If applicable, place an "x" in the appropriate box(es) (check all that apply):
NYS Small Business # Employees, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (Handwritten), Printed or Typed Name: Dr. Bernard L. Palowitch, Jr., Title: President, Date: May 14, 2016, Phone: (732) 742-3796, Ext., E-mail Address: Bpalowitch@iknow.us

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten signature/initials



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DESIGNATED CONTACTS

Mark Joly
Marc Kleinhenz

Donna Pszeniczny
Karen Fowler

Nancy Dougherty
Allison White

Daniel DeCamp

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|--|---|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 113434293 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 100043323 |
|--|---|

Legal Business Name of Company:
InfoPeople Corporation

D/B/A - Doing Business As (if applicable):

| | | | | |
|---|-------------------|--------------------|----------------------------|--------------------------|
| Street 450 Seventh Ave., Ste 1106 | City NY | State NY | County Manhattan | Zip Code 10123 |
|---|-------------------|--------------------|----------------------------|--------------------------|

If applicable, place an "x" in the appropriate box(es) (check all that apply):

- NYS Small Business # Employees
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 NYS Certified Women-owned Business Enterprise
 NYS Service-Disabled Veteran-Owned Business

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WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|---|
| Bidder's Signature: <i>L. Gottman</i> | Printed or Typed Name: Laura Gottman (Mr/Ms) |
| Title: Vice President | Date: 5/9/2016 |
| Phone: 646 790 8254 Ext: | E-mail Address: Laura@infopeoplecorp.com |

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|--|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pazeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at Procurement Lobbying: [http://www.ogs.ny.gov/aboutOgs/regulations/default\\$FL_139-k.asp](http://www.ogs.ny.gov/aboutOgs/regulations/default$FL_139-k.asp)

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 80-0690740 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100020100 |
| Legal Business Name of Company: iSecure, LLC | |
| D/B/A - Doing Business As (if applicable): | |
| Street 115 Sullys Trail, Suite 10 | City Pittsford State NY County Monroe Zip Code 14534 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | |
| <input checked="" type="checkbox"/> NYS Small Business 12 # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise |
| <input checked="" type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only: <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | |
| Bidder's Signature: | Printed or Typed Name: Annette Warren (Mr/Ms) |
| Title: President / CEO | Date: May 12, 2016 |
| Phone 585-419-8200 Ext: 8265 | E-mail Address: annette.warren@isecure.net |

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION



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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY
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| | |
|--|---|
| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

DESIGNATED CONTACTS

| | | | |
|-----------------------------|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
|-----------------------------|----------------------------------|----------------------------------|---------------|

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|--|---|
| Vendor's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 26-4491365 | NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> 1100164603 |
|--|---|

Legal Business Name of Company: ITCON Services, LLC

D/B/A - Doing Business As (if applicable): ITCON Services, LLC

| Street | City | State | County | Zip Code |
|---------------------|-----------|-------|-----------|----------|
| 977 S. Randolph St. | Arlington | VA | Arlington | 22204 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

| | | | |
|---|---|--|--|
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business |
|---|---|--|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|--|
| Bidder's Signature: | Printed or Typed Name: Mr. Zarrar Husain (Mr/Ms) |
| Title: President/CEO | Date: 5/19/2016 |
| Phone: 703-969-6443 Ext: | E-mail Address: zhustain@itcon-inc.com |

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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY (E-Mail or Facsimile Submissions Are NOT Acceptable)

Table with 2 columns: Solicitation Opening (Date: May 19, 2016, Time: 11:00 AM ET), Title: Group 73600 IT Services, Award Description: Project Based Information Technology Consulting Services (Statewide), Solicitation Number: 22772, Specification Reference: As Incorporated in the Solicitation, Contract Period: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals

Table with 4 columns: Designated Contacts (Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White). Includes email address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at: Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Table with 2 columns: Vendor's Federal Tax Identification Number: 95-3630868, NYS Vendor Identification Number: 1000018821

Legal Business Name of Company: Leidos, Inc.

D/B/A - Doing Business As (if applicable):

Table with 5 columns: Street (5th Floor, 11955 Freedom Drive), City (Reston), State (VA), County (Fairfax), Zip Code (20191)

If applicable, place an "x" in the appropriate box(es) (check all that apply):
[] NYS Small Business # Employees
[] NYS Certified Minority-owned Business Enterprise
[] NYS Certified Women-owned Business Enterprise
[] NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
[] WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (Kelly C. Russell), Printed or Typed Name: Ms. Kelly C. Russell, Title: Senior Contracts Representative, Date: 5/5/2016, Phone: (858) 826-7418, Ext: , E-mail Address: russellkel@leidos.com

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION
KR



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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY
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| | |
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| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

| DESIGNATED CONTACTS | | | |
|--|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 26-0431178 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 26-0431178 |
|---|--|

Legal Business Name of Company:
L.I. Computer Networks, Inc

D/B/A - Doing Business As (if applicable):

| Street | City | State | County | Zip Code |
|--------------------------------|-----------|-------|---------|----------|
| 111 Smithtown Bypass Suite 225 | Hauppauge | NY | Suffolk | 11788 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

NYS Small Business # Employees
 NYS Certified Minority-owned Business Enterprise
 NYS Certified Women-owned Business Enterprise
 NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|--|
| Bidder's Signature: | Printed or Typed Name: Mr. Steven Mazza |
| Title: President | Date: 5/16/16 (Mr/Ms) |
| Phone: 631-433-4050 Ext: | E-mail Address: steven@licn.com |

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DESIGNATED CONTACTS

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| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 13-3817821 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000006466 |
|---|--|

Legal Business Name of Company: MAUREEN DATA SYSTEMS, INC.

D/B/A - Doing Business As (if applicable): MDS

| Street | City | State | County | Zip Code |
|------------------------------|----------|-------|----------|----------|
| 307 WEST 38th ST, SUITE 1801 | NEW YORK | NY | NEW YORK | 10018 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

| | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input checked="" type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business |
|--|---|---|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|---|---|
| Bidder's Signature: <i>Maureen Lande</i> | Printed or Typed Name: MAUREEN LANDE (Mr./Ms) |
| Title: PRESIDENT & CEO | Date: |
| Phone: 646.744.1055 Ext: | E-mail Address: mlande@mdsny.com |

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| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

DESIGNATED CONTACTS

| | | | |
|-----------------------------|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
|-----------------------------|----------------------------------|----------------------------------|---------------|

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | | | | |
|--|---|---|--|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 36-3818238 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100018065 | | | |
| Legal Business Name of Company: Meridian IT Inc. | | | | |
| D/B/A - Doing Business As (if applicable): | | | | |
| Street 9 Parkway N, Suite 500 | City Deerfield | State IL | County Lake | Zip Code 60015 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: <i>Donald Norgett</i> | | Printed or Typed Name: Donald Norgett (Mr/Ms) | | |
| Title: | | Date: 5/5/16 | | |
| Phone: 315-302-9215 | | Ext: 29215 | | E-mail Address: DONALD.NORGETT@MERIDIANTINC.COM |

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Solicitation – First Periodic Recruitment

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| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

| DESIGNATED CONTACTS | | | |
|--|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel Decamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|---|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 13-3354896 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 100006356 |
| Legal Business Name of Company: MTM Technologies, Inc. | |
| D/B/A - Doing Business As (if applicable): Not Applicable | |
| Street 45 Broadway, 4th Floor | City New York State NY County Westchester Zip Code 10006 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise |
| <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | |
| Bidder's Signature: Wendy K. Swits | Printed or Typed Name: WENDY K. SWITS (Mr/Ms) |
| Title: Account Executive | Date: 5/18/16 |
| Phone: (518) 882-1535 Ext: | E-mail Address: wswits@mtm.com |

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KP

MTM ORIGINAL. 5/18/16
WKF



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Solicitation – First Periodic Recruitment

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DESIGNATED CONTACTS

| | | | |
|-----------------------------|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
|-----------------------------|----------------------------------|----------------------------------|---------------|

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOqs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 02-0600234 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000000022 |
|---|--|

Legal Business Name of Company: MVP Consulting Plus, Inc.

D/B/A - Doing Business As (if applicable):

| | | | | |
|--------------------------------------|-----------------------|--------------------|-------------------------|--------------------------|
| Street 435 New Karner Road | City Albany | State NY | County Albany | Zip Code 12205 |
|--------------------------------------|-----------------------|--------------------|-------------------------|--------------------------|

If applicable, place an "x" in the appropriate box(es) (check all that apply):

| | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> NYS Small Business # Employees | <input checked="" type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input checked="" type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business |
|--|--|---|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|---|
| Bidder's Signature: | Printed or Typed Name: Ms. Ilakumari N. Patel (Mr/Ms) |
| Title: CEO/CFO | Date: 5/11/2016 |
| Phone: 518-218-1700 Ext: - | E-mail Address: reqs@mvpconsultingplus.com |

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Solicitation – First Periodic Recruitment

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Table with 2 columns: Solicitation Opening (Date: May 19, 2016, Time: 11:00 AM ET), Title: Group 73600 IT Services, Award Description: Project Based Information Technology Consulting Services (Statewide), Solicitation Number: 22772, Specification Reference: As Incorporated in the Solicitation, Contract Period: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals

Table with 4 columns: Designated Contacts (Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White). Includes email address: ITSProcurement@ogs.ny.gov

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Table with 2 columns: Vendor's Federal Tax Identification Number: 54-1987871, NYS Vendor Identification Number: 1000048783

Legal Business Name of Company: Mythics, Inc.

D/B/A - Doing Business As (if applicable): N/A

Table with 5 columns: Street (1439 N. Great Neck Road), City (Virginia Beach), State (VA), County (N/A), Zip Code (23454)

If applicable, place an "x" in the appropriate box(es) (check all that apply):
NYS Small Business # Employees, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (Dale E. Darr), Title: Vice President, Contracts, Phone: 757-412-4362, Ext:, Printed or Typed Name: Mr. Dale E. Darr, Date: 5/17/2016, E-mail Address: contracts@mythics.com

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten signature/initials



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Table with 2 columns: Solicitation Opening (Date, Time), Title, Award Description, Solicitation Number, Specification Reference, Contract Period.

DESIGNATED CONTACTS

Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation...

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Table with 2 columns: Vendor's Federal Tax Identification Number, NYS Vendor Identification Number.

Legal Business Name of Company: OM TEK LLC

D/B/A - Doing Business As (if applicable):

Table with 5 columns: Street, City, State, County, Zip Code. Values: 3 SOLOMON COURT, WATERVLIET NY, ALBANY, 12189

If applicable, place an "x" in the appropriate box(es) (check all that apply): [X] NYS Small Business # Employees, [X] NYS Certified Minority-owned Business Enterprise, [] NYS Certified Women-owned Business Enterprise, [] NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only. [] WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (V.V. Agashe), Title (DIRECTOR), Printed or Typed Name (Ms. VAIDEHI AGASHE), Date (05/07/2016), Phone (518-213-4760), Ext, E-mail Address (VA@OM-TEK.COM)

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten signature and the number 4



Office of General Services

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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY (E-Mail or Facsimile Submissions Are NOT Acceptable)

Table with 2 columns: Solicitation Opening (Date, Time), Title, Award Description, Solicitation Number, Specification Reference, Contract Period.

DESIGNATED CONTACTS

Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at: Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Table with 2 columns: Vendor's Federal Tax Identification Number (41-1858498), NYS Vendor Identification Number (1000017908)

Legal Business Name of Company: OptumInsight Inc.

D/B/A - Doing Business As (if applicable):

Street: 11000 Optum Circle Drive, City: Eden Prairie, MN, State: MN, Zip Code: 55344

If applicable, place an "x" in the appropriate box(es) (check all that apply):
NYS Small Business # Employees, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Bidder's Signature: [Handwritten Signature], Title: Vice President, Finance, Printed or Typed Name: Paul Miller, Date: 5/12/2016, E-mail Address: paul.m.miller@optum.com

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

[Handwritten Signature]



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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY (E-Mail or Facsimile Submissions Are NOT Acceptable)

Table with solicitation details: DATE: May 19, 2016, TIME: 11:00 AM ET, TITLE: Group 73600 IT Services, AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide), SOLICITATION NUMBER: 22772, SPECIFICATION REFERENCE: As Incorporated in the Solicitation, CONTRACT PERIOD: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals

DESIGNATED CONTACTS table listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White.

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOqs/regulations/defaultSFL_139j-k.asp

Vendor information form including: Vendor's Federal Tax Identification Number (13-3919056), NYS Vendor Identification Number (1100010089), Legal Business Name (PKA Technologies, Inc.), Street (1 Executive Blvd. Suite 101), City (Suffern), State (NY), County (Rockland), Zip Code (10901), and checkboxes for business certifications.

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten signature/initials 'KD' at the bottom left of the page.



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Solicitation – First Periodic Recruitment

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DESIGNATED CONTACTS

Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation...

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139i-k.asp

Form with fields for Vendor's Federal Tax Identification Number, NYS Vendor Identification Number, Legal Business Name, D/B/A, Street, City, State, County, Zip Code, and checkboxes for business certifications.

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten signature/initials 'D17'



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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY
(E-Mail or Facsimile Submissions Are NOT Acceptable)

| | |
|--|---|
| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

DESIGNATED CONTACTS

| | | | |
|-----------------------------|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
|-----------------------------|----------------------------------|----------------------------------|---------------|

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 47-1717312 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100162063 |
|---|--|

Legal Business Name of Company:
Pricewaterhouse Coopers Public Sector LLP

D/B/A - Doing Business As (if applicable):

| Street | City | State | County | Zip Code |
|-----------------------|--------|-------|--------|----------|
| 1800 Tysons Boulevard | McLean | VA | | 22012 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

| | | | |
|---|---|--|--|
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business |
|---|---|--|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
 WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|---|
| Bidder's Signature: | Printed or Typed Name: Anaita A. Kasad |
| Title: Principal | Date: 5/13/16 (Mr/Ms) |
| Phone: (646) 471-6045 Ext: | E-mail Address: anaita.kasad@pwc.com |

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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY (E-Mail or Facsimile Submissions Are NOT Acceptable)

Table with 2 columns: Solicitation Opening (Date: May 19, 2016, Time: 11:00 AM ET), Title: Group 73600 IT Services, Award Description: Project Based Information Technology Consulting Services (Statewide), Solicitation Number: 22772, Specification Reference: As Incorporated in the Solicitation, Contract Period: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals

Table with 4 columns: Designated Contacts (Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White). Includes email address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at: Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Table with 2 columns: Vendor's Federal Tax Identification Number: 11-3162897, NYS Vendor Identification Number: 100000681

Legal Business Name of Company: Q.E.D., Inc

D/B/A - Doing Business As (if applicable): QED National

Table with 5 columns: Street (350 Seventh Avenue, 10th Floor), City (New York), State (NY), County (New York), Zip Code (10001)

If applicable, place an "x" in the appropriate box(es) (check all that apply): [x] NYS Small Business # Employees: 75, [] NYS Certified Minority-owned Business Enterprise, [x] NYS Certified Women-owned Business Enterprise, [] NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only. [] WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (Colleen Molter), Title: President, Printed or Typed Name: Colleen Molter, Date: 5/18/2016, Phone: (212) 481-6868, Ext: , E-mail Address: cmolter@qednational.com

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten signature

Solicitation – First Periodic Recruitment

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| | |
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| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: | From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals |

DESIGNATED CONTACTS

Mark Joly
Marc Kleinhenz

Donna Pszeniczny
Karen Fowler

Nancy Dougherty
Allison White

Daniel DeCamp

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 27-0943877 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100015240 |
|---|--|

Legal Business Name of Company:
Quality and Assurance Technology

D/B/A - Doing Business As (if applicable):
QNA Tech

Street 18 margenwood Dr **City** Ridge, ny **State** ny **County** Suffolk **Zip Code** 11961

If applicable, place an "x" in the appropriate box(es) (check all that apply):

NYS Small Business # Employees NYS Certified Minority-owned Business Enterprise NYS Certified Women-owned Business Enterprise NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|--|
| Bidder's Signature: <i>[Signature]</i> | Printed or Typed Name: marcos merce |
| Title: CEO | Date: 5/16/14 (Mr/Ms) |
| Phone: 646-453-7119 Ext: | E-mail Address: sales@QNAtech.com |

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| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

| DESIGNATED CONTACTS | | | |
|--|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) |
| 20-1506282 | 1100130776 |
| Legal Business Name of Company: Quantilus, Inc. | |
| D/B/A - Doing Business As (if applicable): | |
| Street 111 Broadway, Suite 1205 | City New York State NY County New York Zip Code 10006 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | |
| <input checked="" type="checkbox"/> NYS Small Business 26 # Employees | <input checked="" type="checkbox"/> NYS Certified Minority-owned Business Enterprise |
| <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | |
| Bidder's Signature: | Printed or Typed Name: Debarshi Chaudhury (Mr/Ms) |
| Title: Chief Operating Officer | Date: 05/05/2016 |
| Phone: 212-768-8900 Ext: | E-mail Address: debarshi.chaudhury@quantilus.com |

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| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

DESIGNATED CONTACTS

| | | | |
|-----------------------------|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
|-----------------------------|----------------------------------|----------------------------------|---------------|

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 22-2485060 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 0002549554 |
|---|--|

Legal Business Name of Company: RCI Technologies, Inc.

D/B/A - Doing Business As (if applicable):

| | | | | |
|------------------------------------|-----------------------|--------------------|----------------------------|--------------------------|
| Street 1133 Green Street | City Iselin | State NJ | County Middlesex | Zip Code 08830 |
|------------------------------------|-----------------------|--------------------|----------------------------|--------------------------|

If applicable, place an "x" in the appropriate box(es) (check all that apply):

| | | | |
|--|---|--|--|
| <input type="checkbox"/> NYS Small Business # Employees | <input checked="" type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input checked="" type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
|--|---|--|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|---|---|
| Bidder's Signature: | Printed or Typed Name: Anisa Balwani Date: 5/17/16 |
| Title: President | (Mr/Ms) |
| Phone: 732-382-3000 Ext: | E-mail Address: raj@rci-technologies.com |

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Solicitation – First Periodic Recruitment

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| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
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DESIGNATED CONTACTS

| | | | |
|-----------------------------|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
|-----------------------------|----------------------------------|----------------------------------|---------------|

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | | | | |
|---|--|--|--|--------------------------|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 56-1133017 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000032208 | | | |
| Legal Business Name of Company: SAS Institute Inc. | | | | |
| D/B/A - Doing Business As (if applicable): SAS | | | | |
| Street 100 SAS Campus Dr | City Cary | State NC | County Wake | Zip Code 27607 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: Title: | Printed | Victoria P. Clayton Senior Manager Contracts Administration SAS Institute Inc. | | |
| Phone: (919) 677-8000 | Ext: | Date: MAY 6 2016 | | |
| E-mail Address: | | | | |

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| DESIGNATED CONTACTS | | | |
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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) |
| 030392503 | 1100132532 |

Legal Business Name of Company: Securance LLC

D/B/A - Doing Business As (if applicable):

| | | | | |
|---|----------------------|--------------------|-------------------------------|--------------------------|
| Street 6922 W. Linebaugh Ave. Suite 101 | City Tampa | State FL | County Hillsborough | Zip Code 33621 |
|---|----------------------|--------------------|-------------------------------|--------------------------|

If applicable, place an "x" in the appropriate box(es) (check all that apply):

- NYS Small Business # Employees
 NYS Certified Minority-owned Business Enterprise
 NYS Certified Women-owned Business Enterprise
 NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|---|
| Bidder's Signature: | Printed or Typed Name: Mr. Paul Ashe (Mr/Ms) |
| Title: President | Date: May 16, 2016 |
| Phone: 877.578.0215 Ext: | E-mail Address: pashe@securanceconsulting.com |

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DR



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| DESIGNATED CONTACTS | | | |
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| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 26-3086311 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100131898 |
|---|--|

Legal Business Name of Company: SEP Technology Consulting, LLC

D/B/A - Doing Business As (if applicable):

| Street | City | State | County | Zip Code |
|-------------------------------------|----------|-------|----------|----------|
| 85 Broad St. 17 th Floor | New York | NY | New York | 10004 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

| | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> NYS Small Business # Employees 14 | <input checked="" type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
|--|---|---|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|---|
| Bidder's Signature: | Printed or Typed Name: (M/Ms) KEYUR MASJOODAR |
| Title: MANAGING PARTNER | Date: 5/17/16 |
| Phone: (212) 634 9221 Ext: 700 | E-mail Address: Keyur@septechconsulting.com |

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION



Office of General Services

Procurement Services

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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY
(E-Mail or Facsimile Submissions Are NOT Acceptable)

| | |
|--|---|
| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

| DESIGNATED CONTACTS | | | |
|--|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | | | | |
|---|--|--|--|--------------------------|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 52-1922012 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) | | | |
| Legal Business Name of Company: SMARTRONIX, INC | | | | |
| D/B/A - Doing Business As (if applicable): | | | | |
| Street 44150 SMARTRONIX WAY | City HOLLYWOOD | State MD | County | Zip Code 20636 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: | Printed or Typed Name: JOSEPH J. GERCZAK | | | |
| Title: JOSEPH J. GERCZAK CHIEF FINANCIAL OFFICER | Date: MAY 17, 2016 (M/Ms) | | | |
| Phone: 703-435-3322 | Ext: 101 | E-mail Address: Jgerczak@smartronix.com | | |

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Solicitation – First Periodic Recruitment

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Table with 2 columns: Solicitation Opening (Date: May 19, 2016, Time: 11:00 AM ET), Title: Group 73600 IT Services, Award Description: Project Based Information Technology Consulting Services (Statewide), Solicitation Number: 22772, Specification Reference: As Incorporated in the Solicitation, Contract Period: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals

Table with 4 columns: Designated Contacts (Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, Karen Fowler, Allison White). Includes email address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Table with 2 columns: Vendor's Federal Tax Identification Number (11-3425986), NYS Vendor Identification Number (1000043321)

Legal Business Name of Company: Software People, Inc.

D/B/A - Doing Business As (if applicable):

Table with 5 columns: Street (738 Smithtown Bypass, Suite #110), City (Smithtown), State (NY), County (Suffolk), Zip Code (11787)

If applicable, place an "x" in the appropriate box(es) (check all that apply):
[X] NYS Small Business # Employees 40
[X] NYS Certified Minority-owned Business Enterprise
[X] NYS Certified Women-owned Business Enterprise
[] NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
[] WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (Sandeep Jain), Title (Sr. Vice President), Printed or Typed Name (Mr/Ms Sandeep Jain), Date (05/18/2016), Phone (631-863-0299), E-mail Address (sandeep.jain@softwarepeople.us)

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten initials KR



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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY
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| | |
|--|---|
| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: | From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals |

DESIGNATED CONTACTS

| | | | |
|----------------|------------------|-----------------|---------------|
| Mark Joly | Donna Pszeniczny | Nancy Dougherty | Daniel Decamp |
| Marc Kleinhenz | Karen Fowler | Allison White | |

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOqs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) |
| 200108244 | 1100162985 |

Legal Business Name of Company: Speridian Technologies LLC

D/B/A - Doing Business As (if applicable):

| Street | City | State | County | Zip Code |
|------------------------|-------------|------------|-------------------|----------|
| 2400 Louisiana Blvd NE | Albuquerque | New Mexico | Bernalillo County | 87110 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran-Owned Business |
|---|---|--|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|---------------------------------|--|
| Bidder's Signature: | Printed or Typed Name: Ali Hasan (Mr/Ms) |
| Title: President and COO | Date: 5/16/16 |

| | | |
|----------------------------|-------------|--|
| Phone: 505-506-5503 | Ext: | E-mail Address: ali.hasan@speridian.com |
|----------------------------|-------------|--|

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION



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Solicitation – First Periodic Recruitment

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| | |
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| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

| DESIGNATED CONTACTS | | | |
|--|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:
Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|--|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 48-129-8682 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100132454 |
|--|--|

Legal Business Name of Company:
STELE CORPORATION

D/B/A - Doing Business As (if applicable):
STELE INFIOTECH

| Street | City | State | County | Zip Code |
|----------------------------|----------|-------|--------|----------|
| 622 ROUTE 10 WEST, UNIT 23 | WHIPPANY | NJ | MORRIS | 07982 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

NYS Small Business # Employees
 NYS Certified Minority-owned Business Enterprise
 NYS Certified Women-owned Business Enterprise
 NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|---|
| Bidder's Signature: <i>Venkata Ramana Ganti</i> | Printed or Typed Name: Venkata Ramana Ganti |
| Title: SR. VICE PRESIDENT | Date: 05/18/2016 (Mr/Me) |
| Phone: 973 343 4801 Ext: | E-mail Address: vganti@steleinfotech.com |

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

2.1 Vendor Submission Form



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General Services**

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Services**

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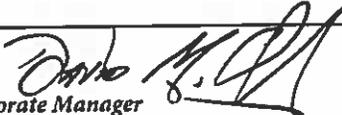
Solicitation – First Periodic Recruitment

**VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY
(E-Mail or Facsimile Submissions Are NOT Acceptable)**

| | |
|---|---|
| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals | |

| DESIGNATED CONTACTS | | | |
|--|------------------|-----------------|---------------|
| Mark Joly | Donna Pszeniczny | Nancy Dougherty | Daniel DeCamp |
| Marc Kleinhenz | Karen Fowler | Allison White | |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:
Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|---|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 59-3583134 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100124916 |
| Legal Business Name of Company: <i>System Soft Technologies, LLC.</i> | |
| D/B/A - Doing Business As (if applicable): | |
| Street <i>3000 Bayport Drive, Suite #840</i> | City State County Zip Code <i>Tampa Florida Hillsborough 33607</i> |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | |
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise |
| <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | |
| Bidder's Signature:  | Printed or Typed Name: <i>(Mr/Me) David M. Quish</i> |
| Title: <i>Senior Corporate Manager</i> | Date: <i>May 18, 2016</i> |
| Phone: <i>(727) 723 0801</i> Ext: <i>327</i> | E-mail Address: <i>david.q@sstech.us</i> |

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION





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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY (E-Mail or Facsimile Submissions Are NOT Acceptable)

Table with 2 columns: Solicitation Opening (Date, Time) and Title/Award Description. Includes Solicitation Number 22772 and Contract Period details.

Table titled 'DESIGNATED CONTACTS' listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, and Karen Fowler. Includes email address: ITSProcurement@ogs.ny.gov

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation...

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Table with 2 columns: Vendor's Federal Tax Identification Number and NYS Vendor Identification Number.

Legal Business Name of Company: TECHNOLOGY PROFESSIONALS GROUP INC.

D/B/A - Doing Business As (if applicable): CLOUD AND THINGS

Street: 15 YARDLEY CT, City: LOUDONVILLE, State: NY, County: ALBANY, Zip Code: 12211

If applicable, place an "x" in the appropriate box(es) (check all that apply): [X] NYS Small Business (3 # Employees), [X] NYS Certified Minority-owned Business Enterprise, [] NYS Certified Women-owned Business Enterprise, [] NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only. [] WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Bidder's Signature: [Signature], Title: CEO, Printed or Typed Name: Mr. KISHOR BAGUL, Date: 05.16.2016

Phone: 518.336.5511, Ext: , E-mail Address: KISHOR@GOTPG.COM

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

[Handwritten signature]



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Solicitation – First Periodic Recruitment

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Table with 2 columns: Solicitation Opening (Date: May 19, 2016, Time: 11:00 AM ET), Title: Group 73600 IT Services, Award Description: Project Based Information Technology Consulting Services (Statewide), Solicitation Number: 22772, Specification Reference: As Incorporated in the Solicitation, Contract Period: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals

DESIGNATED CONTACTS

Mark Joly
Marc Kleinhenz

Donna Pszeniczny
Karen Fowler

Nancy Dougherty
Allison White

Daniel DeCamp

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Table with 2 columns: Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number), NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)

Legal Business Name of Company:

D/B/A - Doing Business As (if applicable):

Street City State County Zip Code

If applicable, place an "x" in the appropriate box(es) (check all that apply):

- Checkboxes for NYS Small Business # Employees, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (handwritten), Printed or Typed Name: Haregh Vatakyan (Mr/Ms), Title: Director, Date: 5/18/16, Phone: 202.241.0167, Ext:, E-mail Address: Haregh@vTechSolution.com

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION

Handwritten initials KP



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Solicitation – First Periodic Recruitment

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Table with 2 columns: Solicitation Opening Info (Date, Time, Number) and Title/Award Description. Includes contract period: From Contract Execution to September 8, 2018, Plus Two Optional Three Year Renewals.

DESIGNATED CONTACTS table listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, and Karen Fowler. Includes email address: ITSProcurement@ogs.ny.gov

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Table with 2 columns: Vendor's Federal Tax Identification Number (20-1602952) and NYS Vendor Identification Number (In Process).

Legal Business Name of Company: THEMESOFT INC

D/B/A - Doing Business As (if applicable):

Table with 5 columns: Street (13601 PRESTON ROAD, SUITE W860), City (DALLAS), State (TX), County (DALLAS), Zip Code (75240).

If applicable, place an "x" in the appropriate box(es) (check all that apply):
NYS Small Business # Employees, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business.

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
[] WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature (M. Manickam) and Printed or Typed Name (THYAGARAJAN MANICKAM). Includes Title (CHIEF OPERATIONS OFFICER), Date (05/18/2016), Phone (972 474 8787), Ext (107), and E-mail Address (THYAGU@THEMESOFT.COM).

RETURN THIS PAGE AS PART OF VENDOR SUBMISSION OR NO SUBMISSION



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Solicitation – First Periodic Recruitment

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| | |
|--|---|
| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

DESIGNATED CONTACTS

| | | | |
|----------------|------------------|-----------------|---------------|
| Mark Joly | Donna Pszeniczny | Nancy Dougherty | Daniel DeCamp |
| Marc Kleinhenz | Karen Fowler | Allison White | |

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|--|---|
| Vendor's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 01-0509537 | NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> 1100159126 |
|--|---|

Legal Business Name of Company: Tilsen Technology Management, Inc.

D/B/A - Doing Business As (if applicable):

| | | | | |
|---|-------------------------|-----------------------|---------------|--------------------------|
| Street 245 Commercial Street, Suite 203 | City Portland | State Maine | County | Zip Code 04101 |
|---|-------------------------|-----------------------|---------------|--------------------------|

If applicable, place an "x" in the appropriate box(es) (check all that apply).

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
|--|--|---|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|---|
| Bidder's Signature: | Printed or Typed Name: Michael Sivgelj (Mr/Ms) |
| Title: Controller | Date: May 16, 2016 |
| Phone: (207) 358-7401 Ext: | E-mail Address: mshivgelj@tilsontech.com |

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Solicitation – First Periodic Recruitment

VENDOR SUBMISSION MAY BE SENT TO THE ABOVE ADDRESS ONLY (E-Mail or Facsimile Submissions Are NOT Acceptable)

Table with solicitation details: SOLICITATION OPENING DATE, TIME, TITLE, AWARD DESCRIPTION, SOLICITATION NUMBER, SPECIFICATION REFERENCE, and CONTRACT PERIOD.

DESIGNATED CONTACTS table listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, and Karen Fowler, with contact information and a note on inquiries.

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation...

Table with Vendor's Federal Tax Identification Number (06166884) and NYS Vendor Identification Number (1000056143).

Legal Business Name of Company: Trivision Group Inc

D/B/A - Doing Business As (if applicable):

Table with address details: Street (118-21 Queens Blvd, Suite 401, Forrest Hills), City (New York City), State (New York), County, and Zip Code (11375).

If applicable, place an "x" in the appropriate box(es) (check all that apply):
NYS Small Business # Employees, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.
[] WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with Bidder's Signature (handwritten), Title (CEO), Phone (212-869-5455), Printed or Typed Name (Mr Andy Shenoy), Date (05/16/2016), and E-mail Address (info@trivisioninc.com).

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Handwritten initials 'KR' in the bottom left corner.



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| | |
|--|---|
| SOLICITATION OPENING DATE: May 19, 2016 TIME: 11:00 AM ET | TITLE: Group 73600 IT Services AWARD DESCRIPTION: Project Based Information Technology Consulting Services (Statewide) |
| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

| DESIGNATED CONTACTS | | | |
|--|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation, Appendix A (Standard Clauses for New York State Contracts), Appendix B (General Specifications), Terms and Conditions, and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Vendor affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:
Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139i-k.asp

| | | | | |
|---|--|---|--|----------------------|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 56-2664476 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100164980 | | | |
| Legal Business Name of Company: UAO ENTERPRISES INC | | | | |
| D/B/A - Doing Business As (if applicable): UAO CONSULTING | | | | |
| Street 75 W 119TH ST #1 | City NEW YORK | State NY | County NEW YORK | ZipCode 10026 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input checked="" type="checkbox"/> NYS Small Business # Employees | <input checked="" type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: | Printed or Typed Name: (Mr/Ms) UCHE OJEH | | | |
| Title: MANAGING PARTNER | Date: 5/16/2016 | | | |
| Phone: 773.368.2780 | Ext: | E-mail Address: UOJEH@UAOENTERPRISES.COM | | |

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Table with 2 columns: Solicitation Opening Info (Date, Time) and Title/Award Description. Includes Solicitation Number 22772 and Contract Period details.

DESIGNATED CONTACTS table listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, and Karen Fowler. Includes email address ITSProcurement@ogs.ny.gov.

The Vendor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Solicitation...

Vendor information form including Federal Tax ID (41-2200315), NYS Vendor ID (1000049151), Company Name (VENTEK INC), Address (143 STRATFORD N, ROSLYN HEIGHTS, NY), and Bidder's Signature/Name/Title/Phone/Ext/Email fields.

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Handwritten signature/initials in the bottom right corner.



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| SOLICITATION NUMBER: 22772 | SPECIFICATION REFERENCE: As Incorporated in the Solicitation |
| CONTRACT PERIOD: From Contract Execution to September 8, 2018 , Plus Two Optional Three Year Renewals | |

DESIGNATED CONTACTS

Mark Joly
Marc Kleinhenz

Donna Pszeniczny
Karen Fowler

Nancy Dougherty
Allison White

Daniel DeCamp

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|--|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) |
|---|--|

Legal Business Name of Company: VIVA USA INC

D/B/A - Doing Business As (if applicable):

| Street | City | State | County | Zip Code |
|-------------------------------|-----------------|-------|--------|----------|
| 3601 ALGONQUIN ROAD SUITE 425 | ROLLING MEADOWS | IL | COOK | 60008 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

- NYS Small Business # Employees
 NYS Certified Minority-owned Business Enterprise
 NYS Certified Women-owned Business Enterprise
 NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|---|---|
| Bidder's Signature:  | Printed or Typed Name: ILANGO RADHAKRISHNAN (Mr/Ms) |
| Title: VICE PRESIDENT | Date: 5/17/2016 |
| Phone: 8473680860 Ext: | E-mail Address: govtbids@viva-it.com |

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DESIGNATED CONTACTS

| | | | |
|-----------------------------|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
|-----------------------------|----------------------------------|----------------------------------|---------------|

All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | |
|---|---|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 94-3292913 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 110004398 |
|---|---|

Legal Business Name of Company: VMware, Inc.

D/B/A - Doing Business As (if applicable):

| Street | City | State | County | Zip Code |
|--------------------|-----------|-------|-------------|----------|
| 3401 Hillview Ave. | Palo Alto | CA | Santa Clara | 94304 |

If applicable, place an "x" in the appropriate box(es) (check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> NYS Small Business # Employees | <input type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business |
|--|--|---|--|

If you are not providing a Vendor Submission, place an "x" in the box and return this page only.

WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

| | |
|--|--|
| Bidder's Signature: | Printed or Typed Name: Timothy I. Merrigan (Mr/Ms) |
| Title: Vice President – State, Local, Education | Date: May 12, 2016 |
| Phone: (917) 328-9220 Ext: NA | E-mail Address: tmerrigan@vmware.com |

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| DESIGNATED CONTACTS | | | |
|--|----------------------------------|----------------------------------|---------------|
| Mark Joly Marc Kleinhenz | Donna Pszeniczny Karen Fowler | Nancy Dougherty Allison White | Daniel DeCamp |
| All inquiries shall be submitted to the following e-mail address: ITSProcurement@ogs.ny.gov | | | |

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

| | | | | |
|---|--|---|--|--------------------------|
| Vendor's Federal Tax Identification Number: (Do Not Use Social Security Number) 20-1315935 | NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) B-20-1315935-1 | | | |
| Legal Business Name of Company: WisEngineering, LLC | | | | |
| D/B/A - Doing Business As (if applicable): | | | | |
| Street 3159 Schrader Road | City Dover | State NJ | County Morris | Zip Code 07801 |
| If applicable, place an "x" in the appropriate box(es) (check all that apply): | | | | |
| <input type="checkbox"/> NYS Small Business # Employees | <input checked="" type="checkbox"/> NYS Certified Minority-owned Business Enterprise | <input checked="" type="checkbox"/> NYS Certified Women-owned Business Enterprise | <input type="checkbox"/> NYS Service-Disabled Veteran- Owned Business | |
| If you are not providing a Vendor Submission, place an "x" in the box and return this page only. | | | | |
| <input type="checkbox"/> WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE: | | | | |
| Bidder's Signature: <i>Cheryl Hall</i> | Printed or Typed Name: (Mr/Ms) Cheryl Hall | | | |
| Title: President | Date: <i>May 17, 2016</i> | | | |
| Phone: 973-783-1000 | Ext: 152 | E-mail Address: chall@wisengineering.com | | |

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DESIGNATED CONTACTS table listing Mark Joly, Donna Pszeniczny, Nancy Dougherty, Daniel DeCamp, Marc Kleinhenz, and Karen Fowler. Includes contact email: ITSProcurement@ogs.ny.gov

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Table with 2 columns: Vendor's Federal Tax Identification Number and NYS Vendor Identification Number.

Legal Business Name of Company: Zambri & Associates, LLC

D/B/A - Doing Business As (if applicable):

Table with 5 columns: Street, City, State, County, Zip Code. Values: 13 Winding Ridge, Clifton Park, NY, Saratoga, 12065

If applicable, place an "x" in the appropriate box(es) (check all that apply): X NYS Small Business # Employees, NYS Certified Minority-owned Business Enterprise, NYS Certified Women-owned Business Enterprise, NYS Service-Disabled Veteran-Owned Business

If you are not providing a Vendor Submission, place an "x" in the box and return this page only. WE ARE UNABLE TO RESPOND AT THIS TIME BECAUSE:

Table with 2 columns: Bidder's Signature/Title/Phone and Printed or Typed Name/Date/E-mail Address. Signature: Zachary Zambri, Title: President, Name: Zachary Zambri, Date: May 14, 2016, Email: zezambri@earthlink.net

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