Utilization Plan
Response to Attachment 4

The following Utilization Plan is IBM Corporation’s (the Vendor) response to
Attachment 4 – Minority, Female, Persons with Disability Status and Subcontracting and is submitted as part
of our proposal.

IBM Corporation (the Vendor) makes the following assurance and agrees to include the
assurance in each subcontract with a subcontractor or supplier utilized on this contract: We shall not
discriminate on the basis of race, color, national origin, sexual orientation or sex in the performance of this
contract. Failure to carry out these requirements is a material breach of this contract, which may result in the
termination of this contract or such other remedy, as the Agency deems appropriate.

We acknowledge the requirements of Attachment 4, Minority, Female, Person with Disability Status and
Subcontracting, and are submitting this Utilization Plan with the proposal.

We understand that compliance with Attachment 4 is an essential part to this contract and that the Utilization
Plan will become part of the contract, if awarded.
Vendor’s person responsible for compliance with Attachment 4:

Name: Howard Hamel
Title: Certified IT Consultant
Telephone: 317-547-1039 extension
Email: Howard.hamel@us.ibm.com

We submit one (1) of the following statements:

☐ We are certified (or are eligible and have applied to be certified) with BEP and plan to fully
meet the BEP utilization goal through self-performance.

☐ We attach Section I, to demonstrate our Plan fully meets the BEP utilization goal of 20%
through subcontracting.

☑ We attach Section I, to detail that we do not fully meet the BEP utilization goal of 20%. We
also attach Section II, Demonstration of Good Faith Efforts.
Illinois State Board of Education, Part III: Certifications and Assurances

Section I
Utilization of Certified Vendors

(Please submit a separate Section I for each proposed certified vendor.)

To achieve the BEP utilization goal through subcontracting, the following is proposed:

1. The proposed certified vendor's company name and address:

At the time of submission, the above certified vendor is:

☐ Certified with the CMS Business Enterprise Program (BEP)
☐ Meets the criteria and has submitted an application for certification with BEP (BEP certification must be completed before contract award)
☐ Certified as a disadvantaged, minority, or woman business enterprise with the following governmental agency or private organization: (BEP certification must be completed before contract award)

2. A detailed description of the commercially useful work to be done by this certified vendor is as follows:

3. The total estimated cost to the state for this contract is $7,500,000.00. The portion of the contract which will be subcontracted to this certified vendor is $__________ or ______% of the total cost of the contract.

4. A notarized signed letter of intent between _______ (the Vendor) and _______ (the certified vendor) detailing the work to be performed by the certified vendor and the agreed upon rates or prices, conforming to the Utilization Plan is included as Attachment 4a.

5. A joint venture agreement is not required, as the arrangement between _______ is that of contractor/sub-contractor and not a joint venture.

OR.

A joint venture agreement between _______ and _______ is included in lieu of Attachment 4a.

6. The Vendor has not prohibited or otherwise limited (certified vendor) from providing subcontractor quotes to other potential bidders/vendors.

We understand that the Agency may require additional information to verify our compliance and we agree to cooperate immediately in submitting to interviews, allowing entry to any of our office locations, providing further documentation, or soliciting the cooperation of our proposed certified vendor. We will maintain appropriate records relating to our utilization of the certified vendor including: invoices, cancelled checks, books of account, and time records.
Section II
Demonstration of Good Faith Efforts to Achieve BEP Subcontracting Goal

If the BEP subcontracting goal was not achieved, the Good Faith Efforts checklist (Section II A) and contacts log (Section II B) must be submitted with the solicitation response (or as otherwise specified by ISBE). Failure to do so may render the Vendor's solicitation response non-responsive and cause it to be rejected, or render the Vendor ineligible for contract award, at ISBE's sole discretion. The Vendor will promptly provide evidence in support of its Good Faith Efforts to ISBE upon request.

Section II A
Good Faith Efforts Checklist

Insert on each line below the initials of the authorized Vendor representative who is certifying on behalf of the Vendor that the Vendor has completed the activities described below. If any of the items below were not completed, attach a detailed written explanation why each such item was not completed. If any other efforts were made to obtain BEP participation in addition to the items listed below, attach a detailed written explanation.

† Identified portions of the project work capable of performance by available BEP vendors, including, where appropriate, breaking out contract work items into economically feasible units to facilitate BEP participation even when the Vendor could perform those scopes with its own forces.

† Solicited through reasonable and available means (e.g., written notices, advertisements) BEP vendors to perform the types of work that could be subcontracted on this project, within sufficient time to allow them to respond.

† Provided timely and adequate information about the plans, specifications and requirements of the contract. Followed up initial solicitations to answer questions and encourage BEP vendors to submit proposals or bids.

† Negotiated in good faith with interested BEP vendors that submitted proposals or bids and thoroughly investigated their capabilities.

N/A Made efforts to assist interested BEP vendors in obtaining bonding, lines of credit, or insurance as may be required for performance of the contract (if applicable). NOT APPLICABLE.

† Utilized resources available to identify available certified vendors, including but not limited to BEP assistance staff, local, state and federal minority or women business assistance offices; and other organizations that provide assistance in the recruitment and placement of diverse businesses.
Section II B  
Good Faith Efforts Contacts Log for Soliciting  
BEP Sub-consultant, Subcontractor or Supplier Participation

Use this form to document all contacts and responses (telephone, e-mail, fax, etc.) regarding the solicitation of BEP sub-consultants, subcontractors and suppliers. Duplicate as needed. (It is not necessary to show contacts with certified vendors with which the Vendor reached an agreement to participate on this project, as shown on Section I of this Plan.)

<table>
<thead>
<tr>
<th>Name of certified vendor firm</th>
<th>Date and method of contact</th>
<th>Scope of work solicited</th>
<th>Reason agreement was not reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARITY PARTNERS</td>
<td>3/6/2013 EMAIL</td>
<td>RECORDING TECHNICAL SKILLS, AND SYSTEM SOFTWARE UPGRADE SKILLS.</td>
<td>RESULTS OF QUALIFIED CANDIDATES WERE NOT ABLE TO BE PROVIDED.</td>
</tr>
<tr>
<td>QUANTUM CROSSINGS, LLC</td>
<td>3/6/2013 EMAIL</td>
<td>SAME AS ABOVE.</td>
<td>RESULTS OF QUALIFIED CANDIDATES WERE NOT ABLE TO BE PROVIDED.</td>
</tr>
<tr>
<td>BROWNER GROUP, LLC</td>
<td>3/6/2013 EMAIL</td>
<td>SAME AS ABOVE.</td>
<td>RESULTS OF QUALIFIED CANDIDATES WERE NOT ABLE TO BE PROVIDED.</td>
</tr>
<tr>
<td>PARADIGM SOLUTIONS</td>
<td>3/6/2013 EMAIL</td>
<td>SAME AS ABOVE.</td>
<td>RATES AND REQUIRED SKILLS CRITERIA WAS NOT PROVIDED.</td>
</tr>
</tbody>
</table>

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Minority, Female, Persons with Disability Status and Subcontracting

The Business Enterprise Act for Minorities, Females, and Persons with Disabilities (BEP) [30 ILCS 575] establishes a goal for contracting with businesses that have been certified as owned and controlled by persons who are minority, female or who have disabilities. While you must complete this form, your response will not be considered in the evaluation. A listing of certified businesses may be obtained from the Department of Central Management Services' Business Enterprise Program for Minorities, Females and Persons with Disabilities by calling 312/814-4190 (Voice & TDD), 800/356-9206 (Toll Free), or 800/528-0644 (Illinois Relay Center for Hearing Impaired).

Name of Company (and DBA):

IBM Corporation

Is your company at least 51% owned and controlled by individuals in one or more of the following categories? Yes ______ No ______

If "Yes," check each that applies:

- Minority
- Female
- Person with Disability
- Disadvantaged

If "Yes," please identify by checking the applicable blanks which agency certified the business and in what category:

Certifying Agency
- Department of Central Management Services
- Women's Business Development Center
- Chicago Minority Business Development Council
- Illinois Department of Transportation
- Other (please identify)

If you are not a certified BEP business, do you have a written policy or goal regarding contracting or subcontracting with BEP certified vendors? Yes ______ (attach copy) No ______

If "No," will you make a commitment to contact BEP certified vendors and consider them for subcontracting opportunities on this contract? Yes ______ No ______

Do you plan on ordering supplies or services in furtherance of this contract from BEP certified vendors? Yes ______ No ______

If "Yes," please identify what you plan to order, the estimated value as a percentage of your total Cost Proposal, and the names of the BEP certified vendors you plan to use.
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