

**New York State Office of Temporary & Disability Assistance
SUBCONTRACTING UTILIZATION FORM**

Agency Contract: Office of Temporary and Disability Assistance Telephone: (518) 473-0574
 Contract Number: To be determined Dollar Value: To be determined
 Date Bid: 9/4/2007 Date Let: To be determined Completion Date: To be determined

Contract Awardee/Recipient: ACS State & Local Solutions, Inc.

Name

1800 M Street, NW, 8th Floor, Washington, DC 20036

Address

Telephone

Description of Contract/Project Location: _____

New York State Centralized Support Collection and Enforcement, Albany, New York

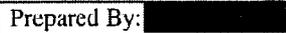
Subcontractors Purchase with Majority Vendors:

Participation Goals Anticipated: 2.1 % MBE 5.7 % WBE
 Participation Goals Achieved: TBD % MBE TBD % WBE

Subcontractors/Suppliers:

Firm Name and City	Description of Work	Dollar Value	Date of Subcontract	Identify if MBE or WBE or NYS Certified
Superior Staff Resources Williamsville, NY	Provide temporary staffing, direct placement, managed staffing programs and other human resources solutions.	\$9,972,560 over seven year contract	December 1, 2008	NYS Certified WBE
Enlightened, Inc. Washington, DC	Mailroom processing	\$1,932,348 over seven year contract	December 1, 2008	MBE
eVerge Group of Texas, Ltd. Plano, Texas	Call center solution	\$1,766,800 over seven year contract	December 1, 2008	MBE

contractor's Agreement: My firm proposes to use the MBEs listed on this form

Prepared By:  (Signature of Contractor)	Print Contractor's Name: ACS State & Local Solutions, Inc.	Telephone #: 	Date: 12/3/2007
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Grant Recipient Affirmative Action Officer Signature (If applicable): _____