

**New York State (NYS) Governor's Office of Employee Relations (GOER)/  
NYS State Labor-Management Committees (LMC)  
List of Contractor Minority and Women Business Enterprise (M/WBE)  
Utilization Plans and Waiver Request Forms**

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Contractor Name and Address: WorkPlace Benefits, LLC dba WorkPlace Options  
3020 Highwoods Boulevard  
Raleigh, NC 27604

Description of Work Required by Contract: Work-Life Consultation, Resource and Referral

Contract #: C080016

Contract Term: January 1, 2009 - December 31, 2012

Contract Award Date: February 3, 2009 *(date approved by NYS Office of the State Comptroller)*

Total Amount of Contract: \$3,746,848.00

Names and Addresses of NYS Certified M/WBE's Referenced in Utilization Plan and Work to be Performed: See Utilization Plan below, as applicable.

Description of Waiver Granted: See waiver request below, as applicable

[Waiver Request 2011](#)

[Waiver Request 2012](#)

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Contractor Name and Address: WageWorks, Inc.  
1100 Park Place, 4<sup>th</sup> Floor  
San Mateo, CA 94403

Description of Work Required by Contract: Third Party Administration of NYS-Ride Pre-tax Transportation Program

Contract #: C110000

Contract Term: October 2, 2011 – October 1, 2016

Contract Award Date: July 7, 2011 *(date approved by NYS Office of the State Comptroller)*

Total Amount of Contract: \$2,472,308.00

Names and Addresses of NYS Certified M/WBE's Referenced in Utilization Plan and Work to be Performed: See Utilization Plan below, as applicable.

Description of Waiver Granted: See waiver request below, as applicable

[Utilization Plan](#)

Waiver Request: not applicable

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Contractor Name and Address: New York County Health Services Review Organization  
One Seaport Plaza, 199 Water Street, 27<sup>th</sup> Floor  
New York, New York 10038

Description of Work Required by Contract: A Study of Alternative Prescription Drug  
Purchasing Options

Contract #: C100029

Contract Term: October 1, 2010 – September 30, 2011

Contract Award Date: November 5, 2010 *(date approved by NYS Office of the State Comptroller)*

Total Amount of Contract: \$115,667.00

Names and Addresses of NYS Certified M/WBE's Referenced in Utilization Plan and Work to be Performed: See Utilization Plan below, as applicable.

Description of Waiver Granted: See waiver request below, as applicable

Utilization Plan: not applicable

[Waiver Request](#)

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Contractor Name and Address: The Research Foundation of SUNY, on behalf of  
Professional Development Program, Rockefeller College,  
University at Albany, Office of Sponsored Programs

Description of Work Required by Contract: Public Service Workshops Program

Contract #: C090002

Contract Term: September 1, 2009 – December 31, 2011

Contract Award Date: November 5, 2009 *(date approved by NYS Office of the State Comptroller)*

Total Amount of Contract: \$7,495,595.00

Names and Addresses of NYS Certified M/WBE's Referenced in Utilization Plan and Work to be Performed: See Utilization Plan below, as applicable.

Description of Waiver Granted: See waiver request below, as applicable

[Utilization Plan](#)

Waiver Request: not applicable