Governor's Office of Employee Relations (GOER)/
New York State Labor-Management Committees (LMC)
Contractor's Minority and Women Business Enterprise (M/WBE) Utilization Form and Instructions

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Contractor Name: WageWorks, Inc.

Contractor FEIN: 924-3351864

Contractor Address: 1100 Park Place, 4th Floor

San Mateo, CA 94403

Project Title: NYS-Ride Pre-tax Transportation

Project M/WBE Goals: MBE _2___% WBE _2___%

1. Is the contractor a New York State (NYS) certified minority and women-owned business enterprise (dual certified) and responsible for one hundred percent of the contract performance? Yes___ or No_X__
   - If yes, proceed to the signature section and attach a printout from the Directory of Certified Minority and Women-Owned Businesses available at http://www.nylovesmwbe.ny.gov/cf/search.cfm showing that the contractor is a dual NYS certified M/WBE.
2. Is the contractor a NYS certified minority business enterprise (MBE) or women-owned business enterprise (WBE)? Yes___ or No_X_
   - If yes, attach printout from the Directory of Certified Minority and Women-Owned Businesses available at http://www.nylovesmwbe.ny.gov/cf/search.cfm showing that the contractor is a NYS certified MBE or WBE and complete the table below to satisfy the goal for which the contractor is not certified. For example, if the contractor is a NYS certified MBE, the contractor is required to subcontract with a NYS certified WBE to achieve the WBE Project goals.
3. Is the contractor a joint venture, teaming agreement, or other similar arrangement, with a NYS certified M/WBE whose value added or participation is equal to the Project goals? Yes___ or No_X__
   - If yes, attach a copy of the arrangement including all information requested in the solicitation and proceed to the signature section.
4. Is the contractor proposing a mentor-protégé agreement that reflects an investment by the mentor in the protégé roughly equal to the difference between the goal set forth in the solicitation and the percentage of value added participation provided by the protégé? Yes___ or No_X__
   - If yes, attach a copy of the arrangement including all information requested in the solicitation and proceed to the signature section.

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Subcontractor – NYS Certified M/WBE Information: *Complete the table below to demonstrate how the contractor will satisfy Project goals.*

Subcontractor - NYS certified MWBE Name and Address	Telephone Number	FEIN	Cert. MBE	Cert. WBE	Description of Work/Purchase	Amount
Polanko Inc. 306 West 38th Street, Room 1504 New York, NY 10018	(212) 695-6353		Y _X_ N ___	Y _X_ N ___	Printing of marketing materials	$100,000
			Y ___ N ___	Y ___ N ___		

Contractor Signature:	Print Name of Contractor:	Telephone No.:	Date:
	Alexander Keeley, Sr. Corporate Counsel	650-577-6344	05-~~11~~-11 25

This section will be completed by GOER.

Approved By: Dawn Lalonde

Title: Contract Manager

Date: 5/26/2011

Contract #: —