

# SDVOB UTILIZATION PLAN

Initial Plan     Revised plan    Contract/Solicitation # \_\_\_\_\_

**INSTRUCTIONS:** This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS **Certified** Service-Disabled Veteran-Owned Business (SDVOB) under the contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.

| BIDDER/CONTRACTOR INFORMATION                                 |                                | SDVOB Goals In Contract |
|---|--------------------------------|-------------------------|
| Bidder/Contractor Name:                                       | NYS Vendor ID:                 | %                       |
| Bidder/Contractor Address (Street, City, State and Zip Code): |                                |                         |
| Bidder/Contractor Telephone Number:                           | Contract Work Location/Region: |                         |
| Contract Description/Title:                                   |                                |                         |

| CONTRACTOR INFORMATION   |                             |                   |       |
|--------------------------|-----------------------------|-------------------|-------|
| Prepared by (Signature): | Name and Title of Preparer: | Telephone Number: | Date: |

Email Address: \_\_\_\_\_

***If unable to meet the SDVOB goals set forth in the solicitation/contract, bidder/contractor must submit a request for waiver on the SDVOB Waiver Form.***

|   |                             |                |  |
|---|-----------------------------|----------------|--|
| SDVOB Subcontractor/Supplier Name:  |                             |                |  |
| Please identify the person you contacted:   | Federal Identification No.: | Telephone No.: |  |
| Address:  | Email Address:              |                |  |
| Detailed description of work to be provided by subcontractor/supplier:  |                             |                |  |
| Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____% |                             |                |  |

|   |                             |                |  |
|---|-----------------------------|----------------|--|
| SDVOB Subcontractor/Supplier Name:  |                             |                |  |
| Please identify the person you contacted:   | Federal Identification No.: | Telephone No.: |  |
| Address:  | Email Address:              |                |  |
| Detailed Description of work to be provided by subcontractor/supplier:  |                             |                |  |
| Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____% |                             |                |  |

| FOR OPWDD USE ONLY   |                                   |  |   |
|--|-----------------------------------|--|---|
| OPWDD Authorized Signature:  | <input type="checkbox"/> Accepted | <input type="checkbox"/> Accepted as Noted | <input type="checkbox"/> Notice of Deficiency |
| NAME (Please Print):   | SDVOB %/\$ _____                  | Date Received:                             | Date Processed:                               |
| Comments:  |                                   |  |   |
| <b>NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION:</b> The directory of New York State Certified SDVOBs can be viewed at: <a href="https://ogs.ny.gov/Veterans/default.asp">https://ogs.ny.gov/Veterans/default.asp</a><br><b>Note: All listed Subcontractors/Suppliers will be contacted and verified by OPWDD.</b> |                                   |  |   |

# ADDITIONAL SHEET

|                                |                                      |
|--------------------------------|--------------------------------------|
| <b>Bidder/Contractor Name:</b> | <b>Contract/Solicitation #</b> _____ |
|--------------------------------|--------------------------------------|

|   |  |                             |                |
|---|--|-----------------------------|----------------|
| <b>SDVOB Subcontractor/Supplier Name:</b>   |  |                             |                |
| Please identify the person you contacted:   |  | Federal Identification No.: | Telephone No.: |
| Address:  |  | Email Address:              |                |
| Detailed Description of work to be provided by subcontractor/supplier:  |  |                             |                |
| Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____% |  |                             |                |
| <b>SDVOB Subcontractor/Supplier Name:</b>   |  |                             |                |
| Please identify the person you contacted:   |  | Federal Identification No.: | Telephone No.: |
| Address:  |  | Email Address:              |                |
| Detailed Description of work to be provided by subcontractor/supplier:  |  |                             |                |
| Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____% |  |                             |                |
| <b>SDVOB Subcontractor/Supplier Name:</b>   |  |                             |                |
| Please identify the person you contacted:   |  | Federal Identification No.: | Telephone No.: |
| Address:  |  | Email Address:              |                |
| Detailed Description of work to be provided by subcontractor/supplier:  |  |                             |                |
| Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____% |  |                             |                |
| <b>SDVOB Subcontractor/Supplier Name:</b>   |  |                             |                |
| Please identify the person you contacted:   |  | Federal Identification No.: | Telephone No.: |
| Address:  |  | Email Address:              |                |
| Detailed Description of work to be provided by subcontractor/supplier:  |  |                             |                |
| Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____% |  |                             |                |
| <b>SDVOB Subcontractor/Supplier Name:</b>   |  |                             |                |
| Please identify the person you contacted:   |  | Federal Identification No.: | Telephone No.: |
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| Detailed Description of work to be provided by subcontractor/supplier:  |  |                             |                |
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