



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.

BIDDER/CONTRACTOR INFORMATION table with fields for Bidder/Contractor Name, NYS Vendor ID, Address, Telephone Number, and Contract Work Location/Region.

CONTRACTOR INFORMATION table with fields for Prepared by (Signature), Name and Title of Preparer, Telephone Number, and 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 OER USE ONLY

OER Authorized Signature: NAME (Please Print): SDVOB %/\$ Date Received: Date Processed:

Comments:

NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified SDVOBs can be viewed at: https://online.ogs.ny.gov/SDVOB/search

Note: All listed Subcontractors/Suppliers will be contacted and verified by OER.

ADDITIONAL SHEET

Bidder/Contractor Name:	Contract/Solicitation # _____
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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:			
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