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| **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  % |

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| **FOR [Agency] USE ONLY** |
| [Agency] Authorized Signature: | [ ]  **Accepted** | [ ]  **Accepted as Noted** | [ ]  **Notice of Deficiency** |
| 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://ogs.ny.gov/Veterans/default.asp> ***Note: All listed Subcontractors/Suppliers will be contacted and verified by*** [Agency]***.*** |
| **ADDITIONAL SHEET** |
| **Bidder/Contractor Name:**  | **Contract/Solicitation**  | ***#*** |

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