**SDVOB UTILIZATION PLAN**

**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

<table>
<thead>
<tr>
<th>Bidder/Contractor Name:</th>
<th>NYS Vendor ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidder/Contractor Address (Street, City, State and Zip Code):</td>
<td></td>
</tr>
<tr>
<td>Bidder/Contractor Telephone Number:</td>
<td>Contract Work Location/Region:</td>
</tr>
</tbody>
</table>

### 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 OPWDD USE ONLY**

OPWDD 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](https://ogs.ny.gov/Veterans/default.asp)

*Note: All listed Subcontractors/Suppliers will be contacted and verified by OPWDD.*
**ADDITONAL SHEET**

<table>
<thead>
<tr>
<th>Bidder/Contractor Name:</th>
<th>Contract/Solicitation #</th>
</tr>
</thead>
</table>

**SDVOB Subcontractor/Supplier Name:**

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Federal Identification No.:  
Telephone No.:  
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Email Address:  

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Address:  
Email Address:  

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Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $____________ or ________________%