

## SDVOB UTILIZATION PLAN

**INSTRUCTIONS:** This form **MUST** be submitted with any bid, proposal, or proposed negotiated contract prior to contract award. 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), including the offeror if a NYS-certified SDVOB, and estimated (or actual if known) annual dollar value under the contract and reflect the SDVOB participation goals specified in the contract or procurement document.

Will there be SDVOB participation for services provided under this contract?  YES Complete the form.  NO If No, please contact [supplierdiversity@its.ny.gov](mailto:supplierdiversity@its.ny.gov) for help.

**Contract Overview**

Offeror/Contractor Name: _____	Telephone: _____	SFS Vendor _____
Address: _____	Federal ID No: _____	ID: _____
City, State, Zip: _____	Solicitation No: _____	

SDVOB: Complete box below for each NYS-Certified SDVOB Contractor/Subcontractor. Add more pages if needed.	Prime Certification	Description of Scope of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
Name: _____  Address: _____  City, State, Zip: _____  Telephone: _____ Fed. ID. No: _____ SFS Vendor ID: _____	<input type="checkbox"/> SDVOB	<input type="checkbox"/> DIRECT (Spending directly fulfilling contract obligations) Description: _____  <input type="checkbox"/> INDIRECT (Spending in support of company operations.) Description: _____	\$ _____
Name: _____  Address: _____  City, State, Zip: _____  Telephone: _____ Fed. ID. No: _____ SFS Vendor ID: _____	<input type="checkbox"/> SDVOB	<input type="checkbox"/> DIRECT (Spending directly fulfilling contract obligations) Description: _____  <input type="checkbox"/> INDIRECT (Spending in support of company operations.) Description: _____	\$ _____

**VENDOR CERTIFICATION:** I hereby affirm that the information supplied in this utilization plan is true and correct.

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE SDVOB REQUIREMENTS SET FORTH UNDER NYS VETERANS' SERVICES LAW ARTICLE 3, 9 NYCRR PART 252, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT. PLEASE SEE PAGE 2 FOR ITS CONTACT INFORMATION.

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_  
 Email: \_\_\_\_\_

FOR AUTHORIZED USE ONLY					
SDVOB Utilization Plan Approved:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Date: _____
Notice of Deficiency Issued:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Date: _____
Notice of Acceptance Issued:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Date: _____
Reviewed By: _____					Date: _____
Comment(s):					

NYS Office of Information Technology Services  
 Finance - Vendor Sourcing and Management Organization  
 Empire State Plaza, PO Box 2062  
 Albany, New York 12220-0062

Telephone Number: (518) 473-9341

Contract questions, in general: [contracts@its.ny.gov](mailto:contracts@its.ny.gov)

SDVOB questions, specifically: [supplierdiversity@its.ny.gov](mailto:supplierdiversity@its.ny.gov)