

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 for help.

Contract Overview

Offeror/Contractor Name: _____	Telephone: _____	SFS Vendor ID: _____
Address: _____	Federal ID No: _____	
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: _____	Designate Subcontractor SDVOB Goal _____% Est. Annual Dollar Value: \$ _____
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: _____	Designate Subcontractor SDVOB Goal _____% Est. Annual Dollar Value: \$ _____

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

SDVOB questions, specifically: supplierdiversity@its.ny.gov