NEW YORK STATE | Office of Information Technology Services

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: _____

Address _____ Federal ID No: _____ SFS Vendor 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: _____	☐ SDVOB	☐ DIRECT (Spending directly fulfilling contract obligations) Description: _____ ☐ 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: _____	☐ SDVOB	☐ DIRECT (Spending directly fulfilling contract obligations) Description: _____ ☐ 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: _____ Date: _____

Print Name: _____ Telephone No: _____

Title: _____ Email: _____

Office of Information Technology Services

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FOR AUTHORIZED USE ONLY				
SDVOB Utilization Plan Approved:	☐ Y	☐ N	Date:	
Notice of Deficiency Issued:	☐ Y	☐ N	Date:	
Notice of Acceptance Issued:	☐ Y	☐ 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

Contract questions, in general: contracts@its.ny.gov

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