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| **SDVOB UTILIZATION PLAN – FORM 100** | | | **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.  **This form must be submitted within ten (10) business days after the Bidder/Contractor receives notice of award from Department of State. Submit your Utilization Plan to the DOS SDVOB Program at** [**dos.sm.sdvob@dos.ny.gov**](mailto:dos.sm.sdvob@dos.ny.gov) | | | | | | | | | | | |
| **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 DOS USE ONLY** | | | | | | | | | |
| DOS 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://online.ogs.ny.gov/SDVOB/search>  ***Note: Any listed Subcontractors/Suppliers may be contacted and verified by DOS.*** | | | | | | | | | |
| **ADDITIONAL SHEET – FORM 100** | | | | | | | | |
| **Bidder/Contractor Name:** | | | | | | **Contract/Solicitation** | | ***#*** | |

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| **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: |  | | |
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| **SDVOB** Subcontractor/Supplier Name: |  | | |
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| **SDVOB** Subcontractor/Supplier Name: |  | | |
| Please identify the person you contacted: | | Federal Identification No.: | Telephone No.: |
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| 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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| Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $ or  % | | | |