

SDVOB UTILIZATION PLAN

Initial Plan Revised plan Contract/Solicitation # 45806-C

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		SDVOB Goals In Contract
Bidder/Contractor Name: A PETER LUGER CONSTRUCTION INC	NYS Vendor ID: 1100230001	6 %
Bidder/Contractor Address (Street, City, State and Zip Code): 101-04 94TH STREET, OZONE PARK NY 11416		
Bidder/Contractor Telephone Number: 917-226-6245, 718-843-0184	Contract Work Location/Region: 1230 COMMACK ROAD DIXHILL NY 11746	
Contract Description/Title: ENTRANCE ROAD ,PARKING ANSD SITE IMPROVEMENTS BRENTWOOD RESIDENTIAL CENTER		

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>SURINDER SINGH</i>	Name and Title of Preparer: SURINDER SINGH,PRESIDENT	Telephone Number: Mobile:917-226-6245 office: 718-843-0184	Date: 05.30.2019
Email Address: apeterluger@gmail.com			

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: USM CONSTRUCTION CORP			
Please identify the person you contacted: JACOB KRAYN	Federal Identification No.:	Telephone No.:	
Address: 325 WEST 86TH STREET SUITE 2A,NY 10024	Email Address: JKRAYN@GMAIL.COM	201-417-3388	
Detailed description of work to be provided by subcontractor/supplier: LANDSCAPING			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ <u>71,901</u> or _____%			

SDVOB Subcontractor/Supplier Name:	Kevlar Rental & Supply Company		
Please identify the person you contacted: Christopher Petillo	Federal Identification No.:	Telephone No.:	
Address: 80 Urban Ave Westbury Ny, 11590	Email Address: INFO.Kevlarrental@gmail.com	516) 506-7737	
Detailed Description of work to be provided by subcontractor/supplier: equipment rentals and material supplier			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or <u>5</u> %			

FOR OGS USE ONLY			
OGS Authorized Signature: <i>Kevin Kelly</i>	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print): Kevin Kelly	SDVOB %/\$ _____	Date Received: 10/22/2019	Date Processed: 10/24/2019
Comments:			

NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified SDVOBs can be viewed at: https://ogs.ny.gov/Veterans/Docs/CertifiedNYS_SDVOB.pdf
Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.

ADDITIONAL SHEET

Bidder/Contractor Name: A PETER LUGER CONSTRUCTION INC	Contract/Solicitation # 45806-C
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SDVOB Subcontractor/Supplier Name: Veteran Electrical Supply		
Please identify the person you contacted: Andrew Baek	Federal Identification No.: [REDACTED]	Telephone No.: 7183558789
Address: 864 Willis Avenue Suite 4 Albertson NY 11507	Email Address: Albertson NY 11507	
Detailed Description of work to be provided by subcontractor/supplier: electric supply		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or <u>2</u> %		
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 _____ %		
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 _____ %		