



**Office of  
General Services**

**Office of Minority and Women-Owned  
Business Enterprises**

**Design and Construction**

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Minority and Women-Owned Business Enterprises, 29<sup>th</sup> Floor, Corning Tower  
The Governor Nelson A. Rockefeller Empire State Plaza  
Albany, New York 12242

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## CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **45818P**

Making false representations or including information evidencing 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. Submit completed responses to [DCSDVOB@ogs.ny.gov](mailto:DCSDVOB@ogs.ny.gov)

Contractor's Name, Address and Federal ID No.: <b>DiGesare Mechanical, Inc. 3434 Carman Road Schenectady, NY 12303 Federal ID No.: 14-1636722</b>	Contract Description/Location: <b>Building 3 &amp; 4 Eastern CF</b>	Date Proposal Approved:	Date Printed:	Bid Date: <b>6/30/2021</b>	<b>SDVOB GOAL</b>  <b>3%</b>
Work/Job Order:	OGS Project Number: <b>45818P</b>	Work Order Value:	Contract Amount: <b>7,730,730.00</b>		

  

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
<b>B and T Construction Logistics 40 Homer Place Poughkeepsie, NY 12603 Federal ID No.: 82-3940668</b>	<b>Security Plumbing Fixtures</b>	<b>8/2/2021</b>	<b>232,000.00</b>		<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature: 		<b>FOR OGS USE ONLY</b> <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
Enter Name: <b>Matthew DiGesare</b>			
Title: <b>Contract Admin</b>			
E-Mail Address: <b>matt@digesaregroup.com</b>	Date: <b>7/8/2021</b>		
OGS Authorized Signature: 		Enter Name: <b>Mariam Mehanna</b>	Date: <b>07/14/2021</b>