



**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, 29th 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.: **45945-C**

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

Contractor's Name, Address and Federal ID No.: Firstline Contracting Inc		Contract Description/Location: Mid-Hudson Psychiatric Center-Building 45		Date Proposal Approved:	Date Printed: 2/24/2021	Bid Date: 12/02/20	SDVOB GOAL	
Federal ID No.: 26-1416354		Work/Job Order:		OGS Project Number:	Work Order Value:	Contract Amount: 496,600.00	3%	
Certified SDVOB Name, Address and Phone No.		Description of Subcontracting/Supplies		Anticipated performance/purchase date(s)		Dollar Value of Subcontract/Supplies	SEE BDC 328.15	
B & B SHEET METAL INC		Sheetmetal				\$15,000	<input type="checkbox"/>	
Federal ID No.: 11-3333297								
Veteran Fencing, LLC		Temporary Staging Area Fencing				\$2000	<input type="checkbox"/>	
Federal ID No.: 84-2932206								
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:		FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
Enter Name:			
Title:			
E-Mail Address:	Date:	OGS Authorized Signature:	
M. Keefirstlinegs.com	3/1/21	Mariam Mehanna Enter Name: Mariam Mehanna Date: 03/02/2021	