



**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.: **46022C**

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>Wallkill Group, Inc.</b> <b>3505 Route 94, Suite 1A</b> <b>Hamburg, NJ 07419</b>  Federal ID No.: <b>46-4375085</b>	Contract Description/Location: <b>Cook Chill Production Center</b>	Date Proposal Approved:	Date Printed:	Bid Date:	<b>SDVOB GOAL</b>  <b>6%</b>
	Work/Job Order: <b>46022C</b>	OGS Project Number: <b>46022C</b>	Work Order Value:	Contract Amount: <b>373,000.00</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 328.15	
<b>Iron Sword Enterprises, LLC.</b> <b>2359 State Route 300, Wallkill, NY 12589 P: 845-863-1788</b> Federal ID No.: <b>27-1195727</b>	<b>Metal Framing, drywall, insulation, wood blocking, door install</b>	<b>2/22/21</b>	<b>28,000.00</b>		
Federal ID No.:					
Federal ID No.:					
Federal ID No.:					

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:			
Enter Name: <b>Michele Lucci</b>			
Title: <b>President</b>		FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
E-Mail Address: <b>michele@wallkillgroup.com</b>	Date: <b>2/1/2021</b>	OGS Authorized Signature: <i>Mariam Mehanna</i>	Enter Name: <b>Mariam Mehanna</b> Date: <b>02/04/2021</b>