

SDVOB UTILIZATION PLAN

Initial PlanX

☐ Revised plan

Contract/Solicitation #46022-H

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: S&O Construction Services Inc.	NYS Vendor ID: 14-1690439	3%
Bidder/Contractor Address (Street, City, State and Zip Code): 11 Charles Street Pleasant Valley, NY 12569		
Bidder/Contractor Telephone Number: 845-635-2916		Contract Work Location/Region: Cook Chill Production Center
Contract Description/Title: Rehabilitate Freezer Space RS-7 and RS-8, Building#144		

CONTRACTOR INFORMATION			
Prepared by (Signature): <i>Heather Cleveland</i>	Name and Title of Preparer: Heather Cleveland	Telephone Number: 845-635-2916	Date: 11/25/2020
Email Address: hcleveland@soconserv.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: Veterans Mechanical Service & Supply			
Please identify the person you contacted: Justin Crocker	Federal Identification No.: [REDACTED]	Telephone No.: 607-321-3392	
Address: 348 Cafferty Road. Haupersville NY	Email Address: justinc@vetmechservice.com		
Detailed description of work to be provided by subcontractor/supplier: Air Curtains – Tac CAC-2			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ 6,150.00 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 _____ %			

FOR <small>OGS</small> USE ONLY				
<small>OGS</small> Authorized Signature: 	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency	
NAME (Please Print): Shafia Booker	SDVOB %/\$ 3% or \$6,150	Date Received: 11/25/2020	Date Processed: 11/25/2020	
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 <small>OGS</small> .				