



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, Coming Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: (518) 486-9284

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CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **47071-H**

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.: R.A.M.S. Mechanical Inc. 50-02 97th Place Corona, NY 11368 Federal ID No.: 13-4086631		Contract Description/Location: Job Order Contracting		Date Proposal Approved:	Date Printed:	Bid Date: 1/6/2021	SDVOB GOAL	
		Work/Job Order:		OGS Project Number:	Work Order Value:	Contract Amount: 1,000,000.00	3%	

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
Fairfield Refrigeration and Cooling Equipment 147 Lincoln Ave 3B, Bronx, New York 10454 Federal ID No.: [REDACTED]	Mechanical HVAC	TBD	TBD		<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 Signature:

Enter Name:

Margaret Chou

Title:

COO

E-Mail Address:

mchou@ramsmechanical.com

Date:

1/11/2021

Contractor's Comments:

FOR OGS USE ONLY

☒ Accepted

☐ Accepted as Noted

☐ Notice of Deficiency Issued

SDVOB % 3% \$

OGS Authorized Signature:

Enter Name:

Shafia Booker

Date:

01/12/2021