

SDVOB UTILIZATION PLAN

☒ Initial Plan ☐ Revised plan Contract/Solicitation # M3116-C

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: Niko K Construction	NYS Vendor ID: 90-0959716	3%
Bidder/Contractor Address (Street, City, State and Zip Code): 5-67 196th Place, Flushing NY 11358		
Bidder/Contractor Telephone Number: (646) 784-0306		Contract Work Location/Region: Fishkill
Contract Description/Title: Replace Roof Buildings 1C, 1D, 1E, & 1F - Downstate Correctional Facility, Project No. M3116-C		


CONTRACTOR INFORMATION			
Prepared by (Signature): <i>Niko Koutsogiannis</i>	Name and Title of Preparer: Niko Koutsogiannis/President	Telephone Number: (646) 784-0306	Date: 01/06/2021
Email Address:			

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: Industry Standard USA			
Please identify the person you contacted: Chris Dambach	Federal Identification No.:	Telephone No.: 315-436-8654 Ext 5	
Address: 5 Lumber Way Liverpool, NY, 13090	Email Address: Chris@IndustryStandardUSA.com		
Detailed description of work to be provided by subcontractor/supplier: Supplying containers, machine rentals, temp fencing, and pressure treated wood			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ 15,000.00 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 OGS USE ONLY

OGS 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% / \$20,550	Date Received: 01/07/2021	Date Processed: 01/08/2021
Comments:			

NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/Veterans/default.asp>

Note: All listed Subcontractors/Suppliers will be contacted and verified by OGS.