

Opportunity Programs Group

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DOWNSTATE: One Penn Plaza, 52nd Floor * New York, NY * 10119-0098 * Phone: (212) 273-5000 Fax: (212) 273-5121

UTILIZATION PLAN

ORIGINAL Submission REVISED Submission

A. PRIME INFORMATION: CONTRACTOR CONSULTANT VENDOR

Name: _____

Address: _____

Contact Person: _____

E-Mail Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

B. PROJECT INFORMATION:

Project Number: _____ Work Authorization# (if applicable) _____

Contract / Bid Number: _____ Contract Amount: \$ _____

MBE Goal % _____ \$ _____ WBE Goal % _____ \$ _____

Facility Name: _____

Building(s): _____

Address: _____

City: _____ County: _____ Zip: _____

Work Description: _____

1. Schedule of proposed subcontract work:

Trade/Service	Amount	Trade/Service	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Description of Equipment, Materials or Supplies

Estimated Amount

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

UTILIZATION PLAN

(subcontractor/supplier continuation page)

- Firm Name: _____ Value of Proposed Award: \$
Address: _____ Fed ID No. _____
City: _____ State: _____ Zip: _____ Estimated Start Date: _____
Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE OTHER
Work Description: _____

- Firm Name: _____ Value of Proposed Award: \$
Address: _____ Fed ID No. _____
City: _____ State: _____ Zip: _____ Estimated Start Date: _____
Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE OTHER
Work Description: _____

- Firm Name: _____ Value of Proposed Award: \$
Address: _____ Fed ID No. _____
City: _____ State: _____ Zip: _____ Estimated Start Date: _____
Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE OTHER
Work Description: _____

- Firm Name: _____ Value of Proposed Award: \$
Address: _____ Fed ID No. _____
City: _____ State: _____ Zip: _____ Estimated Start Date: _____
Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE OTHER
Work Description: _____

- Firm Name: _____ Value of Proposed Award: \$
Address: _____ Fed ID No. _____
City: _____ State: _____ Zip: _____ Estimated Start Date: _____
Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE OTHER
Work Description: _____

- Firm Name: _____ Value of Proposed Award: \$
Address: _____ Fed ID No. _____
City: _____ State: _____ Zip: _____ Estimated Start Date: _____
Contact Person: _____ Telephone: _____
Email Address: _____ Type of Firm: MBE WBE OTHER
Work Description: _____

UTILIZATION PLAN

D. PERMANENT EMPLOYEE DISTRIBUTION

PRIME INFORMATION: CONTRACTOR CONSULTANT VENDOR

Name: _____

Address: _____

Contact Person: _____

E-Mail Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

DISTRIBUTION OF PERMANENT EMPLOYEES

ENTER POSITION OR JOB TITLE	FEMALE EMPLOYEES					MALE EMPLOYEES				
	NATIVE					NATIVE				
	WHITE	BLACK	AMERICAN	HISPANIC	ASIAN	WHITE	BLACK	AMERICAN	HISPANIC	ASIAN

EXECUTIVE AND OWNER: For position titles such as President, Partner, Owner, Treasurer, Secretary, etc.

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

PROFESSIONAL: For position titles of individuals possessing a License to practice their profession

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

TECHNICAL AND MANAGEMENT: For position titles except Executive and Owner, Professional, and Clerical & Support

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

CLERICAL AND SUPPORT:

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Type Name of Principal or Officer

Type Title of Principal or Officer

Signature of Principal or Officer

Date