

UTILIZATION PLAN

**ORIGINAL Submission REVISED Submission**

# PRIME INFORMATION: CONTRACTOR

Name:

# CONSULTANT

**VENDOR**

Address: City: State: Zip:

Contact Person: E-Mail Address: Telephone Number: Fax Number:

**PROJECT INFORMATION: Project Number: Work Authorization# (if applicable) Contract / Bid Number**: **Contract / Bid Amount: $**

**MBE Goal % $ WBE Goal % $ SDVOB Goal % $**

Facility Name: Building(s): Address:

City: County: Zip: Work Description:

## Schedule of proposed subcontract work:

**Trade/Service Amount Trade/Service Amount**

**$ $**

**$ $**

**$ $**

**$ $**

**$ $**

**$ $**

## Description of Equipment, Materials or Supplies Estimated Amount

**$**

**$**

**$**

**$**

**$**

**$**

**Office of Opportunity Programs**

## List ALL subcontractors and suppliers you plan to utilize during the performance of this contract:

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

**(subcontractor/supplier continuation page)**

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Person: | Telephone: |  |  |  |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

**(subcontractor/supplier continuation page)**

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Person: | Telephone: |  |  |  |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

* Firm Name: Value of Proposed Award: $ Address: Fed ID No.

City: State: Zip: Estimated Start Date:

|  |  |  |
| --- | --- | --- |
| Contact Person: | Telephone: |  |
| Work Description: | Type of Firm: | MBE | WBE | SDVOB | OTHER |

Type Name of Principal or Officer Type Title of Principal or Officer

Signature of Principal or Officer Date

1. **STANDARD EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

**PRIME INFORMATION**: **CONTRACTOR**

Name: Address: Address:

City: State: Zip:

Contact Person: Telephone:

# PROJECT INFORMATION:

Facility Name: Building (s): Address:

City: County: Zip: Work Description:

# CONSULTANT

**VENDOR**

## Project Number: Contract Amount: $

The following is a statement of ‘s commitment to provide participation by minority persons and women in the workforce at the above referenced project:

 will ensure and maintain a working environment free of harassment, intimidation and coercion and shall specifically ensure that all foremen, superintendents and other supervisory personnel are aware of and carry out our commitment to maintain such a working environment.

 will establish and maintain a current list of minority and women recruitment sources and notify such sources and minority and community organizations when employment opportunities are available and maintain a record of the sources and organizations’ responses.

 will maintain a file of the names and address of each minority person and woman referred to it by any individual, recruitment source or community organization and of what action was taken with respect to each such referred individual. If the individual was not employed, the file will contain the reasons.

 will promptly notify DASNY when the union or unions with which we have a collective bargaining agreement has not referred to us a minority person or woman or service-disabled veteran sent by us to such a union for employment in the work or when it has other information that the union referral process has impeded efforts to meet it’s obligations.

 will disseminate this equal employment opportunity policy statement within the organization and will provide all subcontractors with a copy, discussing it with them prior to commencing work at the job site. A copy of our equal employment policy shall be posted at the job site at all times.

Type Name of Principal or Officer Type Title of Principal or Officer

Signature of Principal or Officer Date