

Opportunity Programs Group

UPSTATE: 515 Broadway * Albany, NY 12207-2964 * Phone: (518) 257-3706 Fax: (518) 257-3100

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

Description of Equipment, Materials or Supplies	Estimated Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

UTILIZATION PLAN

C. 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:
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

(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

(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:

Type Name of Principal or Officer

Type Title of Principal or Officer

Signature of Principal or Officer

Date

UTILIZATION PLAN

D. PERMANENT EMPLOYEE DISTRIBUTION

PRIME INFORMATION: CONTRACTOR ☐ CONSULTANT ☐ VENDOR ☐

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

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, Partncr, Owner, Treasurcr, 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

UTILIZATION PLAN

E. STANDARD EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

PRIME INFORMATION: CONTRACTOR ☐ CONSULTANT ☐ VENDOR ☐

Name: _____

Address: _____

Contact Person: _____

E-Mail Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

PROJECT INFORMATION:

Facility Name: _____

Building (s): _____

Address: _____

City: _____ County: _____ Zip: _____

Work Description: _____

Project Number: _____ **Contract Amount:** \$ _____

The following is 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 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 its 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