

UTILIZATION PLAN

ORIGINAL Submission REVISED Submission

A. PRIME INFORMATION: CONTRACTOR CONSULTANT VENDOR

Name: _____
 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: _____

1. Schedule of proposed subcontract work:

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

2. Description of Equipment, Materials or Supplies

Estimated Amount
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

B. 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:
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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

Office of Opportunity Programs

(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

C. STANDARD EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

PRIME INFORMATION: CONTRACTOR CONSULTANT VENDOR

Name: _____
Address: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Telephone: _____

PROJECT INFORMATION:

Facility Name: _____
Building (s): _____
Address: _____
City: _____ County: _____ Zip: _____
Work Description: _____

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

Office of Opportunity Programs