



UNIVERSITY-WIDE SDVOB PROGRAM UTILIZATION PLAN

SUNY Project No. _____
 Contractor: _____
 Address: _____
 Phone Number: _____

Bid Date: [Click here to enter a date.](#) Agreement/Contract Value: _____
 Primary Contact: _____
 City: _____ State: _____ Zip Code: _____
 Fax Number: _____ E-Mail: _____

GOALS: SDVOB 6%

Campus: _____

| SUBCONTRACTOR | FEDERAL ID # | DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER | DESCRIPTION OF WORK OR SUPPLIES | SUBCONTRACTOR/SUPPLIER SCHEDULE | |
|--|--------------|--|---------------------------------|---------------------------------|-----------------------------|
| | | | | START DATE | COMPLETION DATE |
| Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ | | | | Click here to enter a date. | Click here to enter a date. |
| Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ | | | | Click here to enter a date. | Click here to enter a date. |
| Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ | | | | Click here to enter a date. | Click here to enter a date. |
| Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ | | | | Click here to enter a date. | Click here to enter a date. |

In accordance with the SUNY Contract Documents and Executive Law Article 17-B, my firm seriously expects to use the NYS certified SDVOB certified firms listed above. The Contractor shall immediately notify and request approval prior to any changes to this plan from the Campus MWBE Program Coordinator.



NAME: _____ TITLE: _____ COMPANY OFFICER'S SIGNATURE _____ DATE: [Click here to enter a date.](#)

APPROVED: DEFICIENT: MWBE PROGRAM COORDINATOR: _____ DATE: _____