

New York State

Homes & Community Renewal

Office of Economic Opportunity and Partnership Development

Website: www.nyshcr.org/oeopd Email: Econ.Opportunity@nyshcr.org

UTILIZATION PLAN (CONST-1)

Utilization of certified minority- and women-owned business enterprises for non-commercially useful functions may not be counted towards utilization of certified minority and women-owned business enterprises. MWBE

Utilization of service-disabled veteran-owned businesses for non-commercially useful functions may not be counted towards utilization of certified service-disabled veteran-owned businesses. SDVOB

Project ID or SHARS#	Contract Amount	Funding Amount	MBE % Required	WBE % Required	SDVOB % Required	Plan Type:	Util	lization Plan Summar	У
10P92	\$720,000.00	\$800,000.00	22.00%	10.00%	6.00%	Initial	MBE \$ Required	MBE % Proposed	MBE \$ Proposed
107 32	7720,000.00						\$176,000.00	25.80%	\$206,400.00
							WBE \$ Required	WBE % Proposed	WBE \$ Proposed
Contractor Information							\$80,000.00	9.00%	\$72,000.00
			Telephone				SDVOB \$	SDVOB %	SDVOB \$
Name	Address	Federal ID#	Number		Em	ail Address	Required	Proposed	Proposed
Name	770 Castleton Ave, SI, NY 10310						\$48,000.00	6.00%	\$48,000.00
Neighborhood Housing Services of Staten Island	770 Custicion race, 51, 117 20020		718-442-8080	10.00% 6.00% Initial MBE \$ Required MBE \$ Proposed \$176,000.00 25.80% WBE \$ Required WBE \$ Proposed \$80,000.00 9.00% SDVOB \$ SDVOB \$ SDVOB \$ Required Proposed \$48,000.00 6.00% jlasalle@nhsofsi.org OFOPP USE ONLY Plan Status: Proposed Proposed Proposed \$48,000.00 6.00% Plan Status: Proposed Plan Status: Plan Status: Plan Status: Proposed Plan Status: Plan S	Λ				
reignborhood Housing Services of Statem Island						Plan Status	: Approv	23	
		Developer/Grantee Info	rmation				0 /	<u> </u>	
			Telephone			x Lisa Kambasan			
Name	Address	Federal ID#	Number	Email Address					
							Authorized Signature		
· ·							Date: (1) 17		
						WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL		Comments	a de la compansión de l
Pursuant to Executive Law Article 15-A, my firm propo	ses to use the certified MWRF firms listed below	V.		7					
Pursuant to Executive Law Article 13-A, my firm propo	sor to use the certified SDVOB firms listed below	M.					1		
rursuant to executive Law Article 17-6, my mm propo	ses to use the tertined spy on hims instead below	1							
				By completing	ng this form, I hereby	certify this to be an accurate			
Name of Company Official	Name of Company	Title	Date	representat	ion of my firm's inten	tions.			

Subcontractor Information								Anticipated Contract Dates	
Firm Name	Firm Address	Firm Telephone Number	Firm Federal ID#	Firm MWBE Certification Type	Firm SDVOB Certification Type	General Description of Work to be Performed	Dollar Value of Contract	Start	Completion
				WBE - NYS			673,000,00	5/15/2017	2/19/2019
NYS Energy Audits Inc.	1767 Bath Ave, Brooklyn, NY 11217	718-372-3000			SDVOB - Uncertified	Health and Safety Measures	\$72,000.00	5/15/2017	2/19/2019
Green Power Associates	80 Westminister Road, Brooklyn, NY	917-442-7887		MBE - NYS Certified	SDVOB - Uncertified	Retrofits, Health and Safety Measures	\$120,000.00	5/15/2017	2/19/2019
				MBE - NYS					
Brother to Brother Construction	14-16 135th Place, South Ozone Park, NY	347-450-9287		Certified	Select One:	Health and Safety Measures	\$38,400.00	9/1/2017	2/19/2019
				MBE - NYS	SDVOB - NYS	General Construction, Retrofits, Health and			
Lomma Construction	80 Wakefield Road, Staten Island, NY 10312	718-966-1406		Certified	Certified	Safety Measures	\$48,000.00	9/1/2017	2/19/2019
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				