



Homes and Community Renewal

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:	Utilization Plan Summary		
1Q85	\$300,000.00	\$260,000.00	20.00%	10.00%	6.00%	Initial	MBE \$ Required	MBE % Proposed	MBE \$ Proposed

Contractor Information						WBE \$ Required	WBE % Proposed	WBE \$ Proposed
Name	Address	Federal ID #	Telephone Number	Email Address		SDVOB \$ Required	SDVOB % Proposed	SDVOB \$ Proposed
						\$26,000.00	10.77%	\$28,000.00
						\$15,600.00	6.15%	\$16,000.00

Developer/Grantee Information					Plan Status:	Approved
Name	Address	Federal ID #	Telephone Number	Email Address	X <i>Lisa Rambaran</i>	
Niagara Falls Neighborhood Housing Services, Inc.	479 16th Street Niagara Falls, NY 14303	[REDACTED]	716-285-7778	ksteinman@nfnhs.org	Authorized Signature	Date: 4/2/18

Pursuant to Executive Law Article 15-A, my firm proposes to use the certified MWBE firms listed below.
 Pursuant to Executive Law Article 17-B, my firm proposes to use the certified SDVOB firms listed below.

Name of Company Official	Name of Company	Title	Date
Kathleen L. Steinman	Niagara Falls Neighborhood Housing Services, Inc.	Executive Director	3/26/2017

By completing this form, I hereby certify this to be an accurate representation of my firm's intentions.

OEOPD USE ONLY
 Home Improvement

Pre-development Subcontractor Information								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 Pre-development Contract	Start	Completion
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				
				Select One:	Select One:				

Projected Subcontractor Information								Anticipated Contract Dates	
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