



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		
5Q69	\$250,000.00	\$227,000.00	10.00%	10.00%	6.00%	Select One:	MBE \$ Required	MBE % Proposed	MBE \$ Proposed

							\$22,700.00	16.30%	\$37,000.00
							WBE \$ Required	WBE % Proposed	WBE \$ Proposed
							\$22,700.00	10.13%	\$23,000.00
							SDVOB \$ Required	SDVOB % Proposed	SDVOB \$ Proposed
							\$13,620.00	6.04%	\$13,700.00

Contractor Information

Name	Address	Federal ID #	Telephone Number	Email Address

Developer/Grantee Information

Name	Address	Federal ID #	Telephone Number	Email Address
Gloversville Housing & Neighborhood Improvement Corporation	PO Box 1091 Gloversville, NY 12078	[REDACTED]	518.866.9132	gdyoung3@gmail.com

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.

Gregory Young <i>Name of Company Official</i>	Gloversville Housing & Neighborhood Improvement Corporation <i>Name of Company</i>	Executive Director <i>Title</i>	3/15/2018 <i>Date</i>
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By completing this form, I hereby certify this to be an accurate representation of my firm's intentions.

OEOPD USE ONLY

Plan Status: Approved

X *Lisa Ramboran*
 Authorized Signature

Date: 3/19/18

Comments

Home Improvement

Pre-development Subcontractor Information

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	Contract Dates	
								Start	Completion
				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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