



**Homes and Community Renewal**

New York State  
**Homes & Community Renewal**  
 Office of Economic Opportunity and Partnership Development  
 Website: [www.nyshcr.org/oeopd](http://www.nyshcr.org/oeopd)  
 Email: [Econ.Opportunity@nyshcr.org](mailto: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# AHC Home Improvement 7Q63	Contract Amount \$125,000.00	Funding Amount \$120,481.00	MBE % Required 10.00%	WBE % Required 10.00%	SDVOB % Required 6.00%	Plan Type: Initial	Utilization Plan Summary										
							MBE \$ Required \$12,048.10	MBE % Proposed 10.38%	MBE \$ Proposed \$12,500.00								
							WBE \$ Required \$12,048.10	WBE % Proposed 10.17%	WBE \$ Proposed \$12,250.00								
							SDVOB \$ Required \$7,228.86	SDVOB % Proposed 6.02%	SDVOB \$ Proposed \$7,250.00								
Contractor Information							OEOPD USE ONLY										
Name Friends of the North Country, Inc.	Address 1 Mill Street, PO Box 446 Keeseville, NY 12944	Federal ID # [REDACTED]	Telephone Number 518-834-9606 x21	Email Address scampbell@friendsofthenorthcountry.org		Plan Status: Approved											
Developer/Grantee Information							Authorized Signature										
Name	Address	Federal ID #	Telephone Number	Email Address		Date: 5/9/18											
						Comments											
<p>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.</p> <table border="1"> <thead> <tr> <th>Name of Company Official</th> <th>Name of Company</th> <th>Title</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> By completing this form, I hereby certify this to be an accurate representation of my firm's intentions.</p>										Name of Company Official	Name of Company	Title	Date				
Name of Company Official	Name of Company	Title	Date														

Pre-development Subcontractor Information						Contract Dates			
Firm Name	Firm Address	Firm Telephone Number (518) 569-6488	Firm Federal ID#	Firm MWBE Certification Type Select One:	Firm SDVOB Certification Type Select One:	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:				
<b>Projected Subcontractor Information</b>									
				Select One:	Select One:				

