



Homes and Community Renewal

New York State
Homes & Community Renewal
 Office of Economic Opportunity and Partnership Development
 Website: www.nyscr.org/oeopd
 Email: Econ.Opportunity@nyscr.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 8035	Contract Amount \$500,000.00	Funding Amount \$500,000.00	MBE % Required 10.00%	WBE % Required 10.00%	SDVOB % Required 6.00%	Plan Type: Initial	Utilization Plan Summary		
			MBE \$ Required \$50,000.00	WBE \$ Required \$50,000.00	SDVOB \$ Required \$30,000.00		MBE % Proposed 10.00%	WBE % Proposed 10.00%	SDVOB % Proposed 6.00%
							MBE \$ Proposed \$50,000.00	WBE \$ Proposed \$50,000.00	SDVOB \$ Proposed \$30,000.00
Contractor Information									
Name	Address	Federal ID #	Telephone Number	Email Address					
Developer/Grantee Information									
Name	Address	Federal ID #	Telephone Number	Email Address					
Town of Saugerties	4 High Street Saugerties, NY 12477		845-246-2800	fcostello@saugertiesny.gov					
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.									
Fred Costello Jr. <i>Name of Company Official</i>	Town of Saugerties <i>Name of Company</i>	Supervisor <i>Title</i>	5/7/2018 <i>Date</i>						
				<input checked="" type="checkbox"/> By completing this form, I hereby certify this to be an accurate representation of my firm's intentions.					
					Plan Status: <u>Approved</u> Authorized Signature: <u>Lisa Hambaran</u> Date: <u>5/19/18</u> Comments:				

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:				
Projected Subcontractor Information									
Anticipated Contract Dates									

