

**OPPORTUNITIES PROGRAM OFFICE  
SDV UTILIZATION PLAN (SDV-UP)**

**Contractor** \_\_\_\_\_ **Project No.** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Bid Date** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Contract Value** \_\_\_\_\_  
**Federal ID** \_\_\_\_\_ **SDVOB Goals (As specified in project advertisement)** \_\_\_\_\_ %  
**Contact Name & Title** \_\_\_\_\_ **Are you a NYS Certified SDVOB?**  Yes  No  
**E-mail Address** \_\_\_\_\_ **If, yes what is your DSDVBD Control#** \_\_\_\_\_

NYS Certified SDV Name, Address & E-mail	Federal ID No.	Scope of Work	Contract or Purchase Order Value	Performance Dates	
				Start	End

*The utilization of certified Service-Disabled Veteran Business Enterprises for non-commercially useful function will not be counted towards the utilization plan.*

\_\_\_\_\_  
**Print Name & Title**

\_\_\_\_\_  
**Company Officer's Signature**

\_\_\_\_\_  
**E-mail**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director, Opportunities Program**

\_\_\_\_\_  
**Date**