NEW YORK STATE OF OPPORTUNITY

Office of General Services
Office of Business Diversity

Design and Construction
AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: (518) 486-9284 FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **46095P**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.:	Contract Description/Location:	Date Proposal Approved:	Date Printed:	Bid Date:	SDVOB GOAL
DiGesare Mechanical, Inc. 3434 Carman Road Schenectady, NY 12303 Federal ID No.: 14-1636722	NYS OGS Sheridan Avenue Hollow Parking Facility				3%
	Work/Job Order:	OGS Project Number: 46095P	Work Order Value:	Contract Amount: 2,699,000.00	

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
B&T Construction Logistics, Inc. 40 Homer Place, Poughkeepsie NY 12603 Federal ID No.: 82-3940668	Pipe, Valves and Fittings	TBD	80,970.00		☐
Federal ID No.:					☐
Federal ID No.:					☐
Federal ID No.:					☐

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.

Contractor's Signature: Nicole Manginelli

Enter Name: Nicole Manginelli

Title: Contract Administrator

E-Mail Address: nicole@digesaregroup.com

Date: 4/4/2023

Contractor's Comments:

FOR OGS USE ONLY

☒ Accepted ☐ Accepted as Noted ☐ Notice of Deficiency Issued

SDVOB % _____ $ _____

OGS Authorized Signature: S

Enter Name: Shafia Booker

Date: 4/5/2023