



**Office of General Services  
Office of Business Diversity**

**Design and Construction**

AN ISO 9001:2015 CERTIFIED ORGANIZATION

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Albany, New York 12242

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**CONTRACTOR'S SDVOB UTILIZATION PLAN**

Revised Plan

Contract No.: **46181-C**

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](mailto:DCSDVOB@ogs.ny.gov)

Contractor's Name, Address and Federal ID No.: <b>Niko Development Corporation 170 Cherry Valley Avenue West Hempstead, New York 11552</b> Federal ID No.: <b>11-2953711</b>	Contract Description/Location: <b>Adam Clayton Powell OB Rehab 8 Passenger &amp; 1 Freight Elevator</b>	Date Proposal Approved:	Date Printed:	Bid Date: <b>11/15/23</b>	<b>SDVOB GOAL</b>  <b>6%</b>
	Work/Job Order:	OGS Project Number: <b>46181-C</b>	Work Order Value:	Contract Amount: <b>2,176,456.00</b>	

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	<b>FOR OGS USE ONLY</b>	SEE BDC 328.1S
<b>Warrior Construction Group 117 South 13th Street, Lindenhurst, NY 11757</b> Federal ID No.: <b>84-1834868</b> <b>Confirmed</b>	<b>Structural Steel, Carting</b>	<b>04-01-23</b>	<b>\$135,000.00</b>		<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>

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 Comments:	
Contractor's Signature: 		<b>FOR OGS USE ONLY</b> <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
Enter Name: <b>Robert S. Kenny</b>			
Title: <b>Vice President</b>			
E-Mail Address: <b>nikodevelopment@aol.com</b>	Date: <b>11-22-23</b>	OGS Authorized Signature: 	Enter Name: <b>Shafia Booker</b>
		Date: <b>11/27/2023</b>	