Purchase & Contracts, SDVOB Administrator

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| **Instructions for Completing the Monthly SDVOB Compliance Report – SDVOB 101** | | |
| The SDVOB Monthly Reporting Form is to be completed by the Contractor/Vendor, and submitted by the 10th day of *each* month for the duration of the Contract. This form should include **all** (e.g. SDVOB and non SDVOB) Subcontractors and/or Suppliers assigned by the Contractor/Vendor to perform work during the contract. This reporting should also include payments made by your Subcontractors and/or Suppliers to SDVOB firms. | | |
| Complete the form as specified below. | | |
| Contract No. | | Indicate the NYS Department of Labor’s Contract No. | |
| Contractor/Vendor Name and Address | | Provide your firm’s name and address. | |
| Federal ID No. | | Enter your firm’s Federal ID No. | |
| Goals | | Indicate SDVOB participation goals. | |
| Reporting Period | | Fill in the month and year of reporting period. One copy must be submitted with final payment application. | |
| Description of Project | | Briefly describe the work you are providing under the terms of this contract. | |
| Firm Name and Address | | Provide the name, address and phone number of **all** Subcontractors/Suppliers assigned by the Contractor/Vendor on this contract or purchase agreement(s). |
| Federal ID No. | | Enter the Subcontractor’s/Supplier’s Federal ID No. If no Federal ID No. has been assigned, provide only the owner’s last four (4) digits of his or her Social Security No. |
| Payment This Month | | Indicate the amount paid *this month* to each Subcontractor/Supplier. If there was no income activity for a Subcontractor/Supplier, please check the box indicating “No Payment This Month.” |
| Contract Amount | | Enter the total contract amount or purchase agreement(s) amount for each Subcontractor/Supplier. |
| Description of Work/Supplies | | Briefly describe the work performed or supplies provided by each Subcontractor/Supplier. |
| Submit to:  NYS Department of Labor  SDVOB Administrator  State Office Campus, Bldg 12, Room 454  Albany, NY 12240  Email: [labor.sm.SDVOBAdmin@labor.ny.gov](mailto:labor.sm.SDVOBAdmin@labor.ny.gov)  Fax: (518) 457-0620 | | |
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