

Purchase and Contracts, SDVOB Administrator Harriman State Office Campus, Building 12, Room 454 Albany, NY 12240 Phone: (518) 474-2678 | Fax: (518) 457-0620 Labor.sm.SDVOBAdmin@labor.ny.gov

SDVOB Monthly Compliance Report

Contract No.

The SDVOB Monthly Compliance Report is due on the 10th day of each month for the preceding month's activity as evidence towards achievement of the SDVOB goals on the contract. Submit the completed form to the address above.

Contractor/Vendor Name, Address and Phone	, Address and Phone Contractor/Vendor Federal ID No.:			SDVOB Goals		Reporting Period	
No.:	Description of Project:					Month	Year
					%		
Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	Designation			Payment This Month		Contract Amount
		SDVOB	Supplier				
		Sub	☐ Team				
		Broker	Other				
		Joint Venture	No Written Contract		☐ No Payment This		
Federal ID No.:		Written Contract			Month		
		SDVOB	🗌 Suppli	er			
		🔲 Sub	🗌 Team				
		Broker	Other				
		Joint Venture	🗌 No Wr	itten Contract			
Federal ID No.:		Written Contract			☐ No Paym Month	nent This	
		SDVOB	🗌 Suppli	er			
		🗌 Sub	🗌 Team				
		Broker	Other				
		Joint Venture	🔲 No Wr	itten Contract			
Federal ID No.:		Written Contract			☐ No Paym Month	nent This	
Signature	Print Name and Title Date						
Submission of this form constitutes the Contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the Contract.							
For Department of Labor Use Only							
Reviewed By:					Date:		