

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 No.:      | Contractor/Vendor Federal ID No.: |       | **SDVOB Goals** | **Reporting Period** |
|  | 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[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  Supplier[ ]  Team[ ]  Other[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  SDVOB[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  Supplier[ ]  Team[ ]  Other[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  SDVOB[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  Supplier[ ]  Team[ ]  Other[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  |  |  |  |  |  |
|  | 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:** |