



QUARTERLY M/WBE COMPLIANCE REPORT

M/WBE 102 (Revised 1/12)

As evidence of the progress made toward achievement of the minority and women owned business enterprise (MWBE) Goal(s), contractor is required to complete and submit the following for each NYS-certified MWBE (please use additional sheets if necessary). Beginning THIRTY (30) days after a contract is awarded Quarterly MWBE Contractor Compliance Reports are due on Jan.15, April 15th, July 15th, and October 15th to report MWBE utilization for the preceding quarter.

	REPORTING PERIOD	
April 1 – June 30	<input type="checkbox"/>	Oct. 1 – Dec. 31 <input type="checkbox"/>
July 1 – Sept. 30	<input type="checkbox"/>	Jan. 1 – Mar. 31 <input type="checkbox"/>

Contract Overview

Offeror/Contractor Name: _____	Telephone: _____	M/WBE NYS Certified Firm?
Address _____	Federal ID No: _____	<input type="checkbox"/> Y If Yes, proceed to box A
City, State, Zip: _____	Solicitation No: _____	<input type="checkbox"/> N If No, proceed to box B

Please place the name of your company in Box A only if you are a NYS-Certified M/WBE and include quarterly contract payments received.

A Name: _____ FEIN: _____ SFS Vendor ID: _____ <input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> WBE	Actual CIO/OFT Contract payment(s) received by the NYS-Certified M/WBE Contractor during the reporting period: _____ \$ Actual total of payments made over the life of this contract: _____ \$
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In boxes B thru E, please include quarterly expenditures your company made to NYS-certified M/WBE companies only. Check the DIRECT box for expenditures required to meet CIO/OFT Contract obligations, and INDIRECT box for expenditures not specific to contract obligations.

B Name: _____ FEIN: _____ SFS Vendor ID: _____ <input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> DIRECT <input type="checkbox"/> WBE <input type="checkbox"/> INDIRECT	Actual payment(s) made to the NYS-Certified M/WBE Contractor during the reporting period: _____ \$ Actual total of payments made over the life of this contract: _____ \$ Description of Work: _____ Dates of Services: _____
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C Name: _____ FEIN: _____ SFS Vendor ID: _____ <input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> DIRECT <input type="checkbox"/> WBE <input type="checkbox"/> INDIRECT	Actual payment(s) made to the NYS-Certified M/WBE Contractor during the reporting period: _____ \$ Actual total of payments made over the life of this contract: _____ \$ Description of Work: _____ Dates of Services: _____
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