

SDVOB 102 (Revised 7/20)

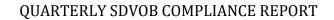
REPORTING PERIOD



As evidence of the progress made toward achievement of the Service-Disabled Veteran-Owned Business (SDVOB) Goal(s),

necessary). Beginning THIRTY (30	_	rtified SDVOB (please use additional sheets if y SDVOB Contractor Compliance Reports are due on or the preceding quarter.	April 1 – June 30	Oct. 1 – Dec. 31			
Contract Overview							
Offeror/Contractor Name:		Telephone:		SDVOB NYS Certified Firm?			
Address		Federal ID No: SFS	Vendor ID:	☐ Y If Yes, proceed to box A			
City, State, Zip:		Solicitation No:		☐ N If No, proceed to box B			
Please place the name of your company in Box A only if you are a NYS-Certified SDVOB and include quarterly contract payments received.							
A Name:	SFS Vendor ID:	Actual ITS Contract payment(s) received by Contractor during the reporting period:	the NYS-Certified SDVOB	\$			
□ SDVOB		Actual total of payments made over the life	of this contract:	\$			
In boxes B thru E, please include quarterly expenditures your company made to NYS-certified SDVOB companies only. Check the DIRECT box for expenditures required to meet ITS Contract obligations, and INDIRECT box for expenditures not specific to contract obligations.							
B Name:	SFS Vendor ID:	Actual payment(s) made to the NYS-Certifie the reporting period:	d SDVOB Contractor during	\$			
□ SDVOB □ DIRECT	☐ INDIRECT	Actual total of payments made over the life Description of Work:	of this contract:	\$			
		Dates of Services:					
C Name: FEIN:	SFS Vendor ID:	Actual payment(s) made to the NYS-Certifie the reporting period:	d SDVOB Contractor during	\$			
□ SDVOB		Actual total of payments made over the life Description of Work:	of this contract:	_\$			
☐ DIRECT	☐ INDIRECT	Dates of Services:					
In boxes B thru E, please include quarterly expenditures your company made to NYS-certified SDVOB companies only. Check the DIRECT box for expenditures required to meet ITS Contract obligations, and INDIRECT box for expenditures not specific to contract obligations.							







Email

Telephone

D Nar		SFS Vendor ID:		Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period:	\$			
	SDVOB DIRECT		INDIRECT	Actual total of payments made over the life of this contract: Description of Work:	\$			
				Dates of Services:				
E Name:								
FEII	N:	SFS Vendor ID:		Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period:	\$			
	SDVOB			Actual total of payments made over the life of this contract:	\$			
	DIRECT		INDIRECT	Description of Work:				
				Dates of Services:				
☐ I hereby affirm that the information supplied in this quarterly compliance report is true and correct to the best of my knowledge. ☐ I hereby affirm that the information supplied in the previous quarterly report is true and correct. If not, attached is a revised compliance report for the previous quarter. SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE SDVOB REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 17-B, 9 NYCRR PART 252, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.								
Signatu	re	Date		OFFICE OF INFORMATION TI	ECHNOLOGY SERVICES USE ONLY			
Print N	ame			Reviewed by:				
Title				Date Received:				