

QUARTERLY M/WBE COMPLIANCE REPORT

M/WBE 1 (v.2015.12.09es)

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: _____	SFS Vendor ID: _____	<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: _____ <input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> WBE	SFS Vendor ID: _____ 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: _____ <input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> DIRECT <input type="checkbox"/> WBE <input checked="" type="checkbox"/> INDIRECT	SFS Vendor ID: _____ 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: _____ <input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> DIRECT <input type="checkbox"/> WBE <input type="checkbox"/> INDIRECT	SFS Vendor ID: _____ 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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This form is only an example of the MWBE spend information that will be reported during the term of a contract.
 MWBE spend information is required online through the New York State Contract System.
 For more information go to: <https://ny.newnycontracts.com>

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D 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 the contract: \$ _____ Description of Work: _____ Dates if Services: _____
E 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: _____

- 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 M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 142, 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.

Signature _____ Date _____ Sworn to before me this ____ day of _____ 20 ____

Print Name _____ Notary Public _____

Title _____ Seal: _____

Email _____ Telephone _____

FOR AUTHORIZED USE ONLY	
Reviewed by:	
Date Received:	

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