



QUARTERLY SDVOB COMPLIANCE REPORT

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

REPORTING PERIOD

April 1 – June 30 [] Oct. 1 – Dec. 31 []
July 1 – Sept. 30 [] Jan. 1 – Mar. 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: Actual ITS Contract payment(s) received by the NYS-Certified SDVOB Contractor during the reporting period: \$
FEIN: SFS Vendor ID:
[] 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: Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period: \$
FEIN: SFS Vendor ID:
[] SDVOB Actual total of payments made over the life of this contract: \$
[] DIRECT [] INDIRECT Description of Work:
Dates of Services:

C Name: Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period: \$
FEIN: SFS Vendor ID:
[] SDVOB Actual total of payments made over the life of this contract: \$
[] DIRECT [] INDIRECT Description of Work:
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.



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D Name: _____		SFS Vendor ID: _____		Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period:	\$ _____
FEIN: _____		ID: _____		Actual total of payments made over the life of this contract:	\$ _____
<input type="checkbox"/> SDVOB	<input type="checkbox"/> DIRECT	<input type="checkbox"/> INDIRECT	Description of Work: _____		
Dates of Services: _____					
E Name: _____		SFS Vendor ID: _____		Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period:	\$ _____
FEIN: _____		ID: _____		Actual total of payments made over the life of this contract:	\$ _____
<input type="checkbox"/> SDVOB	<input type="checkbox"/> DIRECT	<input type="checkbox"/> 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 VETERANS' SERVICES LAW ARTICLE 3, 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.

Signature Date

Print Name

Title

Email Telephone

FOR AUTHORIZED USE ONLY	
Reviewed by:	_____
Date Received:	_____