NEW YORK STATE | Office of Information Technology Services

SDVOB 102 (Revised 10.23.2025)

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: _____

FEIN: _____ SFS Vendor ID: _____

☐ SDVOB

Actual ITS Contract payment(s) received by the NYS-Certified SDVOB Contractor during the reporting period: $ _____

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: _____

FEIN: _____ SFS Vendor ID: _____

☐ SDVOB

☐ DIRECT ☐ INDIRECT

Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period: $ _____

Actual total of payments made over the life of this contract: $ _____

Description of Work: _____

Dates of Services: _____

C Name: _____

FEIN: _____ SFS Vendor ID: _____

☐ SDVOB

☐ DIRECT ☐ INDIRECT

Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period: $ _____

Actual total of payments made over the life of this contract: $ _____

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

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Contract obligations, and INDIRECT box for expenditures not specific to contract obligations.

D Name: _____

FEIN: _____ SFS Vendor ID: _____

☐ SDVOB

☐ DIRECT ☐ INDIRECT

Actual payment(s) made to the NYS-Certified SDVOB Contractor during the reporting period: $ _____

Actual total of payments made over the life of this contract: $ _____

Description of Work: _____

Dates of Services: _____

E Name: _____

FEIN: _____ SFS Vendor ID: _____

☐ SDVOB

☐ DIRECT ☐ INDIRECT

Actual payment(s) made to the NYS-Certified SDVOB 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 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: _____