

MONTHLY M/WBE / SDVOB COMPLIANCE REPORT

M/WBE 102 (Revised 10/20)

As evidence of the progress made toward achievement of the minority, women and service-disabled veteran owned business enterprise goal(s), **REPORTING PERIOD Month/Year** _____ contractor is required to complete and submit the following for each NYS-certified MWBE/SDVOB (please use additional sheets if necessary). Beginning THIRTY (30) days after a contract is awarded Quarterly MWBE Contractor Compliance Reports are due on The 10th of each month to report MWBE and SDVOB utilization for the preceding month.

Contract Overview

Offeror/Contractor Name: _____	Telephone: _____	M/WBE/SDV NYS Certified Firm?
Address _____	Federal ID No: _____	<input type="checkbox"/> Y If Yes, proceed to box A
City, State, Zip: _____	Project 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/SDV and include quarterly contract payments received.

A Name: _____ FEIN: _____ MBE <input type="checkbox"/> DUAL <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/>	Actual ORDA Contract payment(s) received by the NYS-Certified M/WBE/SDV 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 M/WBE/SDV companies only. Check the DIRECT box for expenditures required to meet ORDA 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 type="checkbox"/> SDVOB <input type="checkbox"/> INDIRECT	Actual payment(s) made to the NYS-Certified M/WBE/SDV 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: _____ <input type="checkbox"/> MBE <input type="checkbox"/> DUAL <input type="checkbox"/> DIRECT <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/> INDIRECT	Actual payment(s) made to the NYS-Certified M/WBE/SDV 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 M/WBE/SDV companies only. Check the DIRECT box for expenditures required to meet ORDA Contract obligations, and INDIRECT box for expenditures not specific to contract obligations.

D Name: _____

FEIN: _____

MBE DUAL DIRECT
 WBE SDVOB INDIRECT

Actual payment(s) made to the NYS-Certified M/WBE/SDV Contractor during the reporting period: \$ _____

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

Description of Work: _____

Dates if Services: _____

E Name: _____

FEIN: _____

MBE DUAL DIRECT
 WBE SDVOB INDIRECT

Actual payment(s) made to the NYS-Certified M/WBE/SDV 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 and SDVOB 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

Print Name

Title

Email Telephone

Sworn to before me this _____ day of _____ 20____

Notary Public

Seal:

FOR AUTHORIZED USE ONLY

Reviewed by: _____

Date Received: _____

Use additional sheets as needed.