**NEW YORK STATE – DEPARTMENT OF STATE (DOS)**

**FORM 101 – VENDORS**

|  |  |  |
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| **contractor’s Monthly SDVOB Compliance report (due on the 10th day of each month for the preceding month’s activity as evidence towards achievement of the SDVOB goals on the contract)** | Contract No.: |  |
| Contractor/Vendor Name, Address and Phone No.: | Contractor/Vendor Federal ID No.: |  | **SDVOB Goals** | **Reporting Period** |
|  | Description of Project: | **%** | Month | Year |
|  |  |  |  |  |
| Firm Name, Address and Phone Number (List All Firms) | Description of Work or Supplies Provided | Designation | Payment This Month | Contract Amount |
|  |  | [ ]  SDVOB[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  Supplier[ ]  Team[ ]  Other[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  SDVOB[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  Supplier[ ]  Team[ ]  Other[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  SDVOB[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  Supplier[ ]  Team[ ]  Other[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  SDVOB[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  Supplier[ ]  Team[ ]  Other[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  |  |  |  |  |  |
|  | Signature  |  | Print Name and Title |  | Date |  |
|  |  |  |  |  | For DOS Use Only |
| **Submission of this form constitutes the Contractor’s acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the Contract.** | Reviewed By: | Date: |