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

**FORM 101 – VENDORS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |