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| **Instructions for Completing the Quarterly SDVOB Compliance Report – SDVOB 101 - Grantees** | |
| The SDVOB Quarterly Reporting Form is to be completed by the Grantee, and submitted by the 10th day of the month following the end of each quarter for the duration of the Contract. This form should include **all** SDVOB Subcontractors and/or Suppliers assigned by the Grantee to perform work during the contract. This reporting should also include payments made by your Subcontractors and/or Suppliers to SDVOB firms. | |
| Complete the form as specified below. | |
| Contract No. | | Indicate the DOS Contract No. |
| Grantee Name and Address | | Provide your organization’s name and address. |
| Federal ID No. | | Enter your organization’s Federal ID No. |
| Reporting Period | | Check off the appropriate box for the DOS contract type; Fill in the quarter (Q1, Q2, Q3, Q4) and year of reporting period. |
| Description of Project | | Provide the project title |
| Firm Name and Address | | Provide the name, address and phone number of all SDVOB Subcontractors/Suppliers assigned by the Grantee on this contract or purchase agreement(s). |
| Federal ID No. | | Enter the Subcontractor’s/Supplier’s Federal ID No. If no Federal ID No. has been assigned, provide only the owner’s last four (4) digits of his or her Social Security No. |
| Payment This Month | | Indicate the amount paid *this quarter* to each Subcontractor/Supplier. If there was no income activity for a Subcontractor/Supplier, please check the box indicating “No Payment This Quarter.” |
| Contract Amount | | Enter the total contract amount or purchase agreement(s) amount for each Subcontractor/Supplier. |
| Description of Work/Supplies | | Briefly describe the work performed or supplies provided by each Subcontractor/Supplier. |
| Submit to: [dos.sm.sdvob@dos.ny.gov](mailto:dos.sm.sdvob@dos.ny.gov)  **Additional Information**   * Link to the Directory of NYS certified SDVOB firms: <https://online.ogs.ny.gov/SDVOB/search> * If you have any questions, contact the DOS SDVOB Program by email at [dos.sm.sdvob@dos.ny.gov](mailto:dos.sm.sdvob@dos.ny.gov) or by phone at 518-474-2754. | | |