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

**FORM 101 – GRANTEES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GRANTEE’s QUARTERLY SDVOB Compliance report (due on the 10th day of THE MONTH FOLLOWING THE END OF each QUARTER as evidence OF SDVOB UTILIZATION ACHIEVED on the contract)** | | | | | | | | | | | | Contract No.: | | | | | |  | | |
| Grantee Name, Address and Phone No.: | | | Contractor/Vendor Federal ID No.: | | | |  | | | | | **Reporting Period** | | | | | | | | |
|  | | | Description of Project: | | | | | | | | | Contract Type | | | | Quarter | | | Year | |
|  | | |  | | | | | | | | | State Funded  Federal Funded | | | |  | | |  | |
| Firm Name, Address and Phone Number  (List All SDVOBs) | | | Description of Work or Supplies Provided | | | | | | Designation | | | | | | Payment This Quarter | | | | Contract Amount | |
|  | | |  | | | | | | Sub  Broker  Joint Venture  Written Contract | Supplier  Team  Other  No Written Contract | | | | |  | | | |  | |
| Federal ID No.: | |  |  | | | | | |  |  | | | | | No Payment This Quarter | | | |  | |
|  | | |  | | | | | | Sub  Broker  Joint Venture  Written Contract | Supplier  Team  Other  No Written Contract | | | | |  | | | |  | |
| Federal ID No.: | |  |  | | | | | |  |  | | | | | No Payment This Quarter | | | |  | |
|  | | |  | | | | | | Sub  Broker  Joint Venture  Written Contract | Supplier  Team  Other  No Written Contract | | | | |  | | | |  | |
| Federal ID No.: | |  |  | | | | | |  |  | | | | | No Payment This Quarter | | | |  | |
|  | | |  | | | | | | Sub  Broker  Joint Venture  Written Contract | Supplier  Team  Other  No Written Contract | | | | |  | | | |  | |
| Federal ID No.: | |  |  | | | | | |  |  | | | | | No Payment This Quarter | | | |  | |
|  |  | | |  | |  | | | | | | |  |  | | | | |  | |
|  | Signature | | |  | | Print Name and Title | | | | | | |  | Date | | | | |  | |
|  |  | | | |  | | |  | | |  | | | | | | For DOS Use Only | | | |
| **Submission of this form constitutes the Grantee’s acknowledgement as to the accuracy of the information contained herein.** | | | | | | | | | | | | | | | | | Reviewed By: | | | Date: |