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

**FORM 101 – GRANTEES**

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