

**CONTRACTOR'S MONTHLY SDVOB COMPLIANCE REPORT (DUE ON THE 10<sup>TH</sup> 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	
			Month	Year
	Contract Name	%		
SDVOB Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	SDVOB Payment	Contract Amount	
Federal ID No.:		<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> No Payment This Month		

_____ Signature	_____ Print Name and Title	_____ Date				
<p><b>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.</b></p>						
		<table border="1"> <tr> <th colspan="2">For OPWDD Use Only</th> </tr> <tr> <td>Reviewed By:</td> <td>Date:</td> </tr> </table>	For OPWDD Use Only		Reviewed By:	Date:
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