NEW YORK STATE OF OPPORTUNITY. Office of General Services
Division of Service-Disabled Veterans' Business Development

# Instructions for Completing the Monthly SDVOB Compliance Report – SDVOB 101

The SDVOB Monthly Reporting Form is to be completed by the Contractor/Vendor, and **submitted by the 10th day of *each* month for the duration of the Contract.** This form should include **all** (e.g. SDVOB and non SDVOB) Subcontractors and/or Suppliers assigned by the Contractor/Vendor 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.

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| Contract No. | Indicate the OPWDD Contract No. |
| Contractor/Vendor Name and Address | Provide your firm's name and address. |
| Federal ID No. | Enter your firm's Federal ID No. |
| Goals | Indicate SDVOB participation goals. |
| Reporting Period | Fill in the month and year of reporting period. One copy must be submitted with final payment application. |
| Contract Name | Fill in the name of the contract |
| Firm Name and Address | Provide the name, address and phone number of **all** Subcontractors/Suppliers assigned by the Contractor/Vendor 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 month* to each SDVOB Subcontractor/Supplier. If there was no income activity for the Subcontractor/Supplier, please check the box indicating "No Payment This Month." |
| Contract Amount | Enter the total contract amount or purchase agreement(s) amount for each contract or total monthly sales, which ever applies |
| Description of Work/Supplies | Briefly describe the work performed or supplies provided by each Subcontractor/Supplier. |

Submit to:

NYS Office for People with Developmental Disabilities
State Operations Office/Bldg 1/MWBE Unit
500 Balltown Road
Schenectady, NY 12304
Or by email: MWBE@opwdd.ny.gov