

NEW YORK STATE OFFICE OF EMPLOYEE RELATIONS/LABOR MANAGEMENT COMMITTEES CONTRACTOR'S MONTHLY SDVOB COMPLIANCE REPORT

(DUE ON THE 10TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE SDVOB GOALS ON THE CONTRACT).

Contractor/Vendor (Primary)

Name:
 Address:
 Phone Number:
 Contractor/Vendor Federal ID No.:

Contract No.:
 Description of Project:
 SDVOB Goals %
 Contract Amount:
 Reporting Period: (mm/yyyy)

SDVOB Firm Name, Address and Phone Number List All Subcontractor Firms	Federal ID No.	Description of Work or Supplies Provided	SDVOB Payment	No Payment This month	Total Monthly Payments from NYS

 Signature

 Print Name and Title

 Date

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.



Office of Employee Relations

Instructions for Completing the Monthly SDVOB Compliance Report – ADM-329

The SDVOB Monthly Reporting Form is to be completed by the Contractor 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 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.

Contractor/Vendor Name, Address and Phone No.	Provide your firm's name and address.
Contractor/Vendor Federal ID No.	Enter your firm's Federal ID No.
Contract No.	Indicate the OER Contract 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.
Description of Project	Briefly describe the work you are providing under the terms of this 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 <i>this month</i> to each Subcontractor/Supplier.
No Payment	If there was no income activity for a 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 Subcontractor/Supplier.
Description of Work/Supplies	Briefly describe the work performed or supplies provided by each Subcontractor/Supplier.