

M/WBE SUB-CONTRACTOR QUARTERLY COMPLIANCE REPORT

INSTRUCTIONS: BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31st, June 30th, September 30th, and December 31st) AFTER A CONTRACT IS AWARDED, QUARTERLY COMPLIANCE REPORTS ARE DUE ON THE TENTH DAY OF THE FIRST MONTH OF EACH FOLLOWING QUARTER, FOR THE PRECEDING QUARTER’S ACTIVITY.

Contractor’s Name:

Federal Identification No.:

Address:

Contract No.:

City, State, Zip Code:

Telephone No:

AS EVIDENCE OF THE PROGRESS MADE TOWARDS ACHIEVEMENT OF THE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) GOAL(S), CONTRACTOR IS REQUIRED TO COMPLETE AND SUBMIT THE FOLLOWING FOR EACH MBE OR WBE (PLEASE USE A SEPARATE FORM FOR EACH MBE OR WBE.). IF INFORMATION IS COLLECTED BY THE CONTRACTOR AND/OR THE CONTRACTOR’S SUBCONTRACTORS ON A SIMILAR FORM FOR ANOTHER GOVERNMENTAL AGENCY, SUCH FORM MAY BE APPENDED TO THIS COVER PAGE, AS LONG AS ALL INFORMATION REQUESTED BELOW APPEARS ON SUCH APPENDED FORM:

1. Copy (ies) of the written agreement with certified M/WBEs (submit with first monthly report).
2. List below the name, address and telephone number(s) of the certified M/WBE(s) utilized during the preceding quarter.

NAME	TELEPHONE NO.
ADDRESS	LOCATION OF WORK PERFORMED
CITY, STATE, ZIP	
3. Description of the work performed by the certified M/WBE in the reporting period (attach separate sheet if needed)
4. Dates of performance of the work by the certified M/WBE
5. Actual payments made to a certified M/WBE in the reporting period \$
6. Actual total amount(s) of all payments made over the life of the contract by the Contractor to the certified M/WBE who is a subcontractor of the Contractor [or to any subcontractor of a subcontractor engaged by the Contractor], which payments have been made as of the date the compliance report is being submitted \$

PREPARED BY (Signature): SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT	DATE:						
NAME AND TITLE OF PREPARER (Print or Type):	TELEPHONE NO.:						
EMAIL ADDRESS:							
Monthly reports should be submitted each quarter to the MWBE Program Unit: NYS OTDA ATTN: Ms. Wilma BrownPhillips, MWBE Director M/WBE Program Unit Harlem Center 317 Lenox Avenue NYC, NY 10027 Email to: Wilma.BrownPhillips@OTDA.State.NY.US .	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">FOR AGENCY USE ONLY</th> </tr> <tr> <td style="width: 70%; padding: 2px;">REVIEWED BY:</td> <td style="width: 30%; padding: 2px;">DATE:</td> </tr> <tr> <td style="height: 50px;"></td> <td></td> </tr> </table>	FOR AGENCY USE ONLY		REVIEWED BY:	DATE:		
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