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| **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).** | | | | | | | | | | | | Contract No.: | | | | |  | | | |
| Contractor/Vendor Name, Address and Phone No.: | | | Contractor/Vendor Federal ID No.: | | | |  | | | | **SDVOB Goals** | | | | **Reporting Period** | | | | | |
| Contract Name | | | | | | | | **%** | | | | Month | | | Year | | |
|  | | |  | | |
| SDVOB Firm Name, Address and Phone Number  (List All Firms) | | | Description of Work or Supplies Provided | | | | | | SDVOB Payment | | | | Total Monthly Payments from NYS | | | | | | | |
|  | | |  | | | | | |  | | | |  | | | | | | | |
| Federal ID No.: | |  | No Payment This Month | | | |  | | | | | | | |
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| Federal ID No.: | |  | No Payment This Month | | | |  | | | | | | | |
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| Federal ID No.: | |  | No Payment This Month | | | |  | | | | | | | |
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| Federal ID No.: | |  | No Payment This Month | | | |  | | | | | | | |
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|  | Signature | | | Print Name and Title | | | | | | | Date | | | | | |
|  |  | | | |  | | |  | |  | | | | | | For **OER** Use Only | | | | |
| **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.** | | | | | | | | | | | | | | | | Reviewed By: | | | Date: | |

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| **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. | | |
| Contract No. | | Indicate the OER 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. | |
| 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 *this month* to each Subcontractor/Supplier. 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. |