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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 |  |
|  |  |  |  |
| Federal ID No.: |  | [ ]  No Payment This Month |  |
|  |  |  |  |
| Federal ID No.: |  | [ ]  No Payment This Month |  |
|  |  |  |  |
| Federal ID No.: |  | [ ]  No Payment This Month |  |
|  |  |  |  |  |  |  |
|  | 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 theMonthly 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. |