

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

M/WBE QUARTERLY COMPLIANCE AND SUBCONTRACTOR PAYMENT REPORT

INSTRUCTIONS: After a contract is awarded, quarterly compliance reports are due no later than the 15th day after the end of each quarter.

Contractor's Name: _____
 Address: _____
 City, State, Zip Code: _____

Federal Identification No: _____
 Contract No.: _____
 Telephone No: _____

Reporting Period:
 Jan 1, 20__ - Mar 31, 20__
 Apr 1, 20__ - Jun 30, 20__
 Jul 1, 20__ - Sept 30, 20__
 Oct 1, 20__ - Dec 31, 20__

AS EVIDENCE OF THE PROGRESS MADE TOWARDS ACHIEVEMENT OF THE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) GOAL(S), THE FOLLOWING INFORMATION INDICATES THE PAYMENTS MADE TO NYS CERTIFIED M/WBEs BY THE CONTRACTOR ON THIS PROJECT.

| M/WBE Vendor/Subcontractor Name | Work Status This Report | Total Subcontractor Contract Amount | | Payments This Quarter | | Previous Payments | | Total Payments Made to Date | |
|---------------------------------|---|-------------------------------------|-----|-----------------------|-----|-------------------|-----|-----------------------------|-----|
| | | MBE | WBE | MBE | WBE | MBE | WBE | MBE | WBE |
| Name: FED ID#: | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID#: | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID#: | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |
| Name: FED ID#: | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete | | | | | | | | |

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|---|------------------------------------|------------------------------|
| NAME AND TITLE OF PREPARER (Print or Type): 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. | TELEPHONE NO.: | E-MAIL ADDRESS: |
| | FOR AGENCY USE ONLY | |
| | APPROVED: <input type="checkbox"/> | YES <input type="checkbox"/> |
| Submit to: Department of Corrections and Community Supervision Support Operations / Contract Procurement Unit The Harriman State Campus 1220 Washington Ave Albany, NY 12226 | REVIEWED BY: DATE: | |