

QUARTERLY MWBE CONTRACTOR COMPLIANCE REPORT

INSTRUCTIONS: Beginning THIRTY (30) days after a contract is awarded, Quarterly MWBE Contractor Compliance Reports are due on Jan. 15, Apr. 15, Jul. 15 and Oct. 15 to report MWBE utilization for the preceding quarter.

Reporting Period:
 Jan. 1 - Mar. 31 Jul. 1 - Sep. 30
 Apr. 1 - Jun. 30 Oct. 1 - Dec. 31

Contractor's Name: _____
 Address: _____
 City, State, ZIP: _____

Telephone: _____
 Federal ID No: _____
 Contract #(s): _____

AS EVIDENCE OF THE PROGRESS MADE TOWARD ACHIEVEMENT OF THE MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE (MWBE) GOAL(S), CONTRACTOR IS REQUIRED TO COMPLETE AND SUBMIT THE FOLLOWING FOR EACH **NYS-CERTIFIED** MWBE (please use additional sheets if necessary):

NAME: _____ FED. ID. No: _____ MBE <input type="checkbox"/> Direct Subcontracting <input type="checkbox"/> WBE <input type="checkbox"/> Indirect/Tier 2 Spend <input type="checkbox"/>	Actual value of payments made to the NYS certified MWBE during the reporting period: \$ _____ Actual total amount of payments made during the life of the contract: \$ _____
NAME: _____ FED. ID. No: _____ MBE <input type="checkbox"/> Direct Subcontracting <input type="checkbox"/> WBE <input type="checkbox"/> Indirect/Tier 2 Spend <input type="checkbox"/>	Actual value of payments made to the NYS certified MWBE during the reporting period: \$ _____ Actual total amount of payments made during the life of the contract: \$ _____
NAME: _____ FED. ID. No: _____ MBE <input type="checkbox"/> Direct Subcontracting <input type="checkbox"/> WBE <input type="checkbox"/> Indirect/Tier 2 Spend <input type="checkbox"/>	Actual value of payments made to the NYS certified MWBE during the reporting period: \$ _____ Actual total amount of payments made during the life of the contract: \$ _____

PREPARED BY (Signature): _____ DATE: _____

SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 142. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NON-COMPLIANCE AND/OR TERMINATION OF THE CONTRACT

NAME AND TITLE OF PREPARER: _____
(Print or Type)
 TELEPHONE No.: _____
 EMAIL ADDRESS: _____

FOR AUTHORIZED USE ONLY
REVIEWED BY: _____
DATE: _____